

Tri-County Behavioral Healthcare Board of Trustees Meeting

March 28, 2019



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 28, 2019. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

I. Organizational Items

- A. Chair Calls Meeting to Order
- B. Public Comment
- C. Quorum
- D. Review & Act on Requests for Excused Absence

II. Approve Minutes - February 28, 2019

III. Executive Director's Report - Evan Roberson

- A. Legislative Updates
- B. Second Street Updates

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2018 HCS and MEI Cost Reports
- B. Fiscal and HR/Payroll Software Search
- C. Days of Operation
- D. Fixed Asset Inventory
- E. Budget Revision
- F. CFO Consortium

V. Program Committee

Action Items

- A. Approve Participation in the Center for Social Innovation Research Program for the Coordinated Specialty Care-First Episode Psychosis Program Pages 8-27

Information Items

- B. Community Resources Report Pages 28-30
- C. Consumer Services Report for February 2019 Pages 31-32
- D. Program Updates Pages 33-36
- E. FY 2019 Goals and Objectives Progress Report Pages 37-41
- F. 2nd Quarter FY 2019 Corporate Compliance and Quality Management Report Pages 42-44
- G. 3rd Quarter FY 2019 Corporate Compliance Training Pages 45-46

VI. Executive Committee

Information Items

- A. Personnel Report for February 2019..... *Pages 47-49*
B. Texas Council Risk Management Fund Claims Summary February 2019..... *Pages 50-51*

VII. Business Committee

Action Items

- A. Approve February 2019 Financial Statements..... *Pages 52-65*
B. Decide on Next Steps to Resolve Building Issues at 233 Sgt Ed Holcomb Blvd., South..... *Page 66*
C. Independence Oaks Apartments..... *Page 67*

Information Items

- D. 2nd Quarter FY 2019 Investment Report..... *Pages 68-72*
E. Board of Trustees Unit Financial Statement for February 2019..... *Pages 73-74*
F. HUD 811 Updates (Cleveland, Montgomery and Huntsville)..... *Pages 75-77*

VIII. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney and Section 551.072, Real Property.

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

February 28, 2019

Board Members Present:

Patti Atkins
Gail Page
Tracy Sorensen
Sharon Walker
Morris Johnson
Richard Duren
Janet Qureshi

Board Members Absent:

Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Kathy Foster, Director of IDD Provider Services
Kelly Shropshire, Director of IDD Authority Services
Kenneth Barfield, Director of Management Info Systems
Catherine Prestigiovanni, Director of Strategic Development
Tanya Bryant, Director of Quality Management and Support
Ava Green, Executive Assistant
Tabatha Abbott, Cost Accountant
Darius Tuminas, Reimbursement and Service Analyst
Mary Lou Flynn-Dupart, Legal Counsel

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:01 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

Public Comment: Richard Duren spoke regarding the Tri-County Consumer Foundation and how successful the Foundation has been. He then turned it over to Catherine Prestigiovanni to give information on the next fundraiser that will be held in April at The Club at Carlton Woods in The Woodlands, Texas.

Quorum: There being seven Board Members present, a quorum was established.

Resolution #02-19-01

Motion Made By: Richard Duren

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker, Morris Johnson, Janet Qureshi and Gail Page that it be...

Resolved:

That the Board excuse the absence of Jacob Paschal.

The minutes of the January 31, 2019 Board of Trustees meeting were approved as presented. No action taken.

Program Presentations:

Longevity Recognition Presentations

From the Heart Campaign

Veterans Program/Ashley Taylor Presentation

Patti Atkins, Board Chair, suspended the Agenda at 10:50 a.m. to move to Business Committee Action Item IX-C, 401(a) Retirement Plan Account Review. Scott Hayes, from ISC Group Advisors, presented the report.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for January 2019 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Board of Trustees Reappointment and Oath of Office for Janet Qureshi for an additional two year term ending August 31, 2020 was completed for information purposes only. Janet Qureshi recited the Oath of Office.

The Personnel Report for January 2019 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for January 2019 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #02-19-02

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker, Janet Qureshi, Gail Page and Richard Duren that it be...

Resolved:

That the Board approve the January 2019 Financial Statements.

Resolution #02-19-03

Motion Made By: Morris Johnson

Seconded By: Janet Qureshi, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page, Richard Duren and Tracy Sorensen that it be...

Resolved:

That the Board approve Tri-County staff to solicit proposals for the FY 2019 Independent Financial Audit and report back to the Board with recommendations.

Resolution #02-19-04

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page, Janet Qureshi and Tracy Sorensen that it be...

Resolved:

That the Board approve Mike Duncum, Building Consultant, to gather information from Lessman Roofing and Sheetmetal and Schulte Roofing for roof repair to the Psychiatric Emergency Treatment Center. Mike Duncum is to bring back recommendations to the Board of Trustees at the March 28, 2019 Board Meeting.

Resolution #02-19-05

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Tracy Sorensen, Janet Qureshi and Gail Page that it be...

Resolved:

That the Board approve the transfer of 111 South Second Street in Conroe to Montgomery County Meals on Wheels and authorize the Executive Director to execute necessary documentation.

The Board of Trustees received an update on the next steps to resolve building issues at 233 Sgt Ed Holcomb Blvd S, Conroe, TX. No action taken.

The Board of Trustees Unit Financial Statements for January 2019 was reviewed for information purposes only.

The Consumer Foundation Report was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 12:06 p.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.072, Real Property.

The meeting of the Board of Trustees reconvened at 12:15 p.m. to go into regular session. There was no action required from Executive Session.

The regular meeting of the Board of Trustees adjourned at 12:15 p.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Approve Participation in the Center for Social Innovation Research Program for the Coordinated Specialty Care-First Episode Psychosis Program	Board Meeting Date: March 28, 2019
Committee: Program	
Background Information:	
<p>In January of 2019, the Board of Trustees approved the Mental Health Coordinated Specialty Care Grant-First Episode Psychosis Program. The First Episode Psychosis program (FEP) is designed to provide early intervention to persons who are having their first psychotic break and to provide intervention which can significantly alter the long-term impact of brain damage that is done during a psychotic break.</p>	
<p>In February, HHSC offered the Center the opportunity to participate in the Center for Social Innovation CSC OnDemand research study for the program which will “work with national training leaders of CSC models to develop scalable, efficient professional development [training] to [meet] the growing need for high-quality training.” The study will place 10 sites in a face to face training program and 20 sites in a computer-based/remote training option to compare effectiveness. Training is offered at no charge to incentivize team participation in the study.</p>	
<p>Agencies will be asked to collect and submit de-identified administrative client data (baseline, 3 months, 6 months, 9 months) on all clients who begin the program within 9 months of the team training. No client participation in the collection of data is required and the data will be de-identified by Tri-County staff; however, we will still obtain client consent because data will be gathered for the study.</p>	
<p>Our Board Policy on Research requires that “any proposed research involving individuals served will be fully evaluated to ensure the research’s appropriateness and safety, and to ensure that it does not compromise the rights of individuals involved in the study.” Dr. Sneed has evaluated the protocol and believes it meets Board Policy requirements.</p>	
<p>Staff recommends participation in this research opportunity. Staff is requesting Board approval of this item to ensure that the Board is in agreement with participating in this research opportunity.</p>	
Supporting Documentation:	
<p>Center for Social Innovation Research Protocol Board Policy D.11.2-Research</p>	
Recommended Action:	
<p>Approve Participation in the Center for Social Innovation Research Program for the Coordinated Specialty Care-First Episode Psychosis Program</p>	

Center for Social Innovation
**CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated
Specialty Care
Research Protocol**

PROJECT INFORMATION

Project Title: *CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care*

Funding/Grant Number: 1R44MH111283-01

Funding Agency: National Institute of Mental Health

Principal Investigator: Jeffrey Olivet, M.A. (Center for Social Innovation)

Date: 4/3/2017

PURPOSE AND OBJECTIVES

Schizophrenia is a potentially devastating illness that typically develops in adolescents and young adults between the ages of fifteen and thirty-five. Over the past five years, emerging evidence suggests that Coordinated Specialty Care (CSC) programs that provide an array of recovery-oriented services can substantially improve the quality of life and functioning of young people with schizophrenia. These services may help people avoid the chronic disabilities too often associated with the illness. Based on these findings, President Obama signed into law H.R. 3547, the Consolidated Appropriations Act, 2014. This legislation provided funds to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support early psychosis treatment programs across the United States through state Mental Health Block Grants. NIMH was directed to collaborate with SAMHSA on evidence-based first episode psychosis (FEP) treatment models.

Building on the findings of the RAISE studies, Coordinated Specialty Care emerged. Services provided by CSC teams include psychopharmacologic management, psychotherapy and case management, family support/education, and supported employment and education. Services are embedded in a team-based approach that uses shared decision making to give families and young people a voice in the treatment process. The legislation created an immediate need for training and technical assistance (TA) as states and territories implemented CSC programs. While some training initiatives have emerged, they rely primarily on in-person training and a small cadre of national experts, many of whom participated in the RAISE studies. The current training model has not been brought to scale, and the existing training capacity focused on first episode psychosis cannot provide the scope of training necessary to support wide-scale implementation of CSC models.

To address this emerging need, the Center for Social Innovation, LLC (C4) partnered with Dr. Lisa Dixon of Columbia University and the Research Foundation for Mental Hygiene (RFMH), Dr. Mary Brunette of the Geisel School of Medicine at Dartmouth College, and other national experts on CSC to develop and test ***CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care.***

Building on existing resources and the expertise of our faculty and advisors, we will develop a robust, multifaceted online learning product that includes four levels: 1) an online readiness tool and CSC Learning Hub; 2) dynamic multimedia core curriculum on first episode psychosis and CSC; 3) live faculty-led online courses; and 4) ongoing support, including an online community of practice to support peer-to-peer learning.

The proposed project will work with national training leaders of CSC models to develop scalable, efficient professional development to meet the growing need for high-quality training. During Phases I and II of this Fast Track SBIR, we will prototype, pilot test, build out, and evaluate the product through a cluster randomized noninferiority study comparing it with InPerson training.

Phase I will build a robust prototype of the online platform and test it with 15-20 providers from three sites. This Phase will explore feasibility, acceptability, and preliminary effectiveness of the product, and will examine which components of *CSC OnDemand* providers find most useful.

Based on our findings from Phase I, we will refine and fully build out the product to test in a larger randomized trial. **Phase II** will use a cluster randomized non-inferiority design to assess if *OnDemand* training (n = 20 sites) is comparable to *InPerson* training (n = 10 sites). Using a mixed-methods approach, we will examine provider (n = 150) outcomes (satisfaction; knowledge gains/retention; attitudes toward shared decision making) and client (n = 600) outcomes (work/school participation; engagement in CSC services; inpatient psychiatric hospitalizations).

The study is guided by the following specific aims:

Phase I

AIM 1: To develop a prototype version of *CSC OnDemand*.

AIM 2: To test the prototype online platform with a small sample of sites/providers to determine feasibility, acceptability, and preliminary effectiveness of the product.

Hypothesis: *CSC OnDemand* will show positive learning and satisfaction outcomes among providers, and findings will suggest the need for and feasibility of conducting a Phase II effectiveness trial.

Phase II

AIM 1: To refine, expand, and finalize *CSC OnDemand* based on Phase I findings.

AIM 2: To determine if the *OnDemand* training intervention is as successful as the *InPerson* intervention in increasing CSC providers knowledge and shared decision making (SDM).

Hypothesis: Providers in the *OnDemand* condition will achieve increases in knowledge, SDM and satisfaction at post training and nine months that will be no more than .5 standard deviations less than the *InPerson* condition.

AIM 3: To determine if the *OnDemand* training intervention is as successful as the *InPerson* training in increasing participation in work or school, improving engagement in treatment, and decreasing relapse rates for participating clients.

Hypothesis: Clients being served by the providers in the *OnDemand* condition will have work/school participation rates, levels of engagement and rates of hospitalization nine months after admission that are no more than 10 percent higher (hospitalization) or lower (work/school, engagement) than clients served by providers in the *InPerson* condition.

The overarching goal of this project is to create a scalable training model to support increased Coordinated Specialty Care across the United States. This model can create strong pathways to recovery for tens of thousands of young people experiencing first episode psychosis and equip CSC teams to provide care, support, and connection for these young people and their families.

METHODS

Research Design

Phase I

Once the *OnDemand* prototype online platform has been finalized, we will pilot the intervention with three teams implementing Coordinated Specialty Care (N = 15 providers). In the pilot phase, we will collect both qualitative and quantitative data to assess the feasibility, acceptability, and preliminary effectiveness of the *OnDemand* training to improve providers' knowledge of CSC treatment. The intervention will be administered over a two-week period, with the first week focusing on the self-paced "Core Knowledge" curriculum, and the second week focusing on role-specific instructor-led courses.

A provider questionnaire will be administered online to collect information on measures related to satisfaction and acceptability, feasibility, and preliminary effectiveness. The provider questionnaire will include demographics survey, satisfaction and usability scales, and the knowledge quiz.

Acceptability/satisfaction will be determined from a combination of the data from the satisfaction survey and the qualitative interviews. An average satisfaction score in the range of “good” to “very good” will indicate that the OnDemand intervention is acceptable to providers. While the qualitative data will not provide a numerical benchmark for acceptability, we will assess whether the majority of respondents felt that the platform was valuable as a learning tool and merits further development. The Phase I timeline and budget do not allow for longitudinal tracking of provider or client outcomes.

Feasibility will be determined by demonstrating that we can successfully recruit three teams in five months and that 75 percent of providers will consent to participate and complete the research assessments. In addition, feasibility will be determined by tracking the completion rates of the OnDemand training modules.

Preliminary effectiveness will be determined primarily through a knowledge assessment administered to participating providers. This assessment will include: 1) a 25-item complex, multiple-choice test common across all disciplines; and 2) a 25-item discipline-specific, complex, multiple-choice test focusing on information taught in the instructor-led courses. C4 has extensive experience developing these measures, and we will develop this assessment in conjunction with our expert faculty as we develop the training modules. The outcome will be the percentage of correct responses.

In Phase I we will also pilot the Shared Decision Making Questionnaire, physician version (SDM-Q-Doc) in order to determine the feasibility of using this instrument in Phase II.

In addition to provider surveys, our team will conduct semi-structured key informant telephone interviews with participating providers (n=15) to explore their experiences with *CSC OnDemand*—instructional format, preferred aspects of the curriculum, and recommendations for improvement.

Demonstrating the acceptability, feasibility, and preliminary effectiveness of the *CSC OnDemand* prototype to improve knowledge of CSC will provide the justification needed to move to Phase II development. Phase I data will provide essential information to expand and revise the prototype and finalize the design of Phase II.

Phase II

For Phase II of this study, we will use a cluster (N = 30 teams) randomized non-inferiority design to assess if OnDemand training (n = 20 teams) is comparable to *InPerson* training (n = 10 teams) with respect to CSC provider knowledge/SDM; implementation; and clients’ work/school participation, engagement in treatment, and relapse. A non-inferiority design is most appropriate because the *InPerson* training approach, although proven effective, is not scalable to meet the high demand of resources it requires. Therefore, it is necessary to create and test a scalable, multi-faceted intervention (*OnDemand*) that achieves scalability.

A cluster-randomized design is necessary because CSC is a team approach; therefore, randomization cannot occur at the client or individual provider level. A control condition without any training would not be ethical or acceptable to participating agencies. We will randomly assign twice as many agencies to the *OnDemand* condition to allow for the analysis of the efficacy of different levels of utilization of the post-training materials, and to increase power. In addition, the cost of the *InPerson* training condition requires limiting the number of *InPerson* sites. Provider knowledge and SDM will be assessed at pre-training, post-training, and at nine-month follow-up. This will allow us to assess both the comparability of immediate knowledge across training models, as well as the impact of the technical assistance over the first nine months. Although the CSC program is conceptualized as a two-year treatment program, we will assess client-level outcomes for the nine months following each client’s start of treatment. This timeframe was selected because research has shown that most change occurs during this timeframe,

and for feasibility of timely completion of data collection. We anticipate recruiting N=150 providers and having administrative outcome data for 600 clients (n= 5 providers/team; n=20 clients/team).

Subjects, Sampling, and Recruitment

For Phases I and II, our recruitment strategy will follow the same procedures. We will leverage our existing networks, as well as those of our partners, to identify sites that meet inclusion criteria.

Recruitment of CSC Teams: Training will be provided at no charge, creating an incentive for sites to participate in the research study. C4 has a track record of successfully recruiting sites through online and telephone outreach, reaching potential sites through our extensive network across all 50 states. For this study, we will leverage our relationships with SAMHSA, the National Association of State Mental Health Program Directors (NASMHPD), and the National Council for Behavioral Health to reach their constituencies as well.

Inclusion criteria: To be eligible, agencies will need to provide 1) direct care to individuals with early psychosis; 2) administrative-level support for training and use of the CSC model; 3) an entire treatment team that is willing to participate in this team-based intervention; 4) contact information for direct service staff; 5) support for the study, including a staff person to serve as a liaison to work with the research team; 6) access to the Internet during the intervention period; and 7) a willingness to provide data and participate in the evaluation. **Exclusion criteria:** Teams should not have previously received CSC training.

Recruitment of Providers: Once agencies have agreed to participate in the study, all of the providers on the CSC team (approximately 5-7 per site) will be approached to consent to participate in the research data collection portion of the study. During the month prior to the *OnDemand* intervention period, C4 will provide detailed instructions to the providers about how to access the intervention, expectations about its use, and contact information for technical support as needed.

Phase I Sampling

The Phase I feasibility study will be conducted with three teams (N = 15 providers).

Phase II Sampling

The Phase II trial will be conducted with 30 teams that are implementing CSC nationally. We plan to oversample by recruiting 175 providers, due to anticipated attrition during the study. We anticipate N=150 providers across the teams and obtaining administrative outcome data for 600 clients (n= 5 providers/team; n=20 clients/team). Collecting administrative data on 20 clients per team over nine months is feasible, based on recruitment numbers from existing CSC programs. Although recruitment varies by team, on average, teams recruit ~2-3 clients per month.

We also plan to conduct semi-structured telephone interviews with program administrators (n=5) and providers (n=10) from each of the two study conditions. These interviews will be individual, hour-long telephone interviews to explore 1) experiences with the training intervention, 2) barriers and facilitators of CSC implementation, and 3) suggestions for continued improvement of the two interventions.

Incentives

For Phase I, provider participants will receive a \$25 cash-equivalent gift card for each completed survey and \$50 for completion of the semi-structured interview (total=\$100).

For Phase II, participants will receive \$25 cash-equivalent gift cards upon completion of surveys at the three data collection points (\$75/provider participant), and \$50 for completion of the semi-structured interview (total \$125 for providers; \$50 for administrators). Phase II participants will also receive continuing education credits (CMEs/CEUs) for training completion. We anticipate that these incentives will enhance recruitment and minimize attrition.

Data Collection and Procedures

We maintain a password-protected database to record contact information; dates; and other details associated with all phases of the study, including all recruitment activities, completion and submission of consent forms and data instruments, and scheduling of interviews. Only IRB-approved research team members will have access to the data. All electronic data will be stored in password-protected databases or files. Paper forms, including site visit notes and consent forms, will be retained in a locked cabinet in the C4 office.

Phase I

In Phase I, we will pilot the quantitative measures we plan to use in Phase II. Surveys with quantitative questionnaires will be built and administered through Vanderbilt University's Research Electronic Data Capture (REDCap) software. A knowledge test will be created once the content for the Phase I modules have been finalized. A secondary measure will assess providers' knowledge and attitudes on shared decision-making – a key component of successful CSC and a focus of the training. Satisfaction and usability questions will be included in the questionnaire. Demographic data will include age, gender, race/ethnicity, education level, and years in the field.

For Phase I, The online survey will be administered at two time points – pre-training/intervention and post-training/intervention. We will also conduct a 30-minute semi-structured telephone interviews with each study participant in Phase I, exploring reactions, preferences, and suggestions for improvement after their use of CSC OnDemand. Interviews will be audio recorded.

Phase II

In Phase II, we will administer the same provider-level instruments piloted in Phase I and collect client-level data. We will collect the following data over a period of nine months post-training, allowing for varying training dates by agency. An online baseline survey built with REDCap software will capture participant providers' demographic and professional characteristics, CSC knowledge, and self-reported SDM. A post-training survey of CSC knowledge, SDM, and satisfaction with the training will be administered immediately following training in both conditions. This post-training survey will allow us to isolate the impact of the initial training and the peer support/coaching. At the nine-month follow-up, we will repeat the questions about CSC knowledge and SDM, along with a satisfaction measure tailored to the peer support components of the intervention. Survey data will be exported directly from REDCap software into SAS 9.3 for analysis.

Provider-Level Data: The following measures will be used:

Knowledge: CSC knowledge will be assessed with a 50-item, complex, multiple-choice test (25 common across disciplines, 25 discipline-specific), which will be created in conjunction with the intervention modules and will be piloted in Phase I. The outcome will be the percentage of correct responses.

SDM: Shared Decision Making Questionnaire–physician version (SDM-Q-Doc) is a standardized brief instrument (9 items) for assessing SDM in clinical encounters. SDM-Q-Doc was developed for physicians, but has been adapted to all healthcare professionals.²⁶ The instrument consists of 9 statements rated on a 6-point scale from “completely disagree” (0) to “completely agree” (5). The items are summed to create a total score.

Satisfaction: We will use an existing measure developed by C4 to test training satisfaction, appropriate for both in-person and online training interventions.

In addition to these measures, we will conduct semi-structured telephone interviews with a subset of providers (n=10) and program administrators (n=5) from each study conditions to learn more about their experiences with CSC training and implementation. These 60-minute key informant interviews will

explore: experiences with the training intervention; barriers and facilitators of CSC implementation; and suggestions for continued improvement of the two interventions. Interviews will be audio recorded.

Client-Level Data: Agencies will be asked to collect and submit de-identified administrative client data (baseline, 3 months, 6 months 9 months) on all clients who begin service for the 9 months following team training. These data will be collected and submitted with the support of the site liaison or designee. Information will include: 1) work/school participation (any work or school participation in the prior 3 months), assessed by the team at baseline, 3 months, 6 months and 9 months; 2) engagement in CSC services, measured as percentage of dropouts over the 9 month evaluation period, and 3) inpatient psychiatric hospitalizations, measured as the number of day of hospitalization.

To track adherence to the training intervention for the *InPerson* condition, attendance at all in-person and phone sessions will be tracked. For the *OnDemand* condition, the tracking system will monitor the completion of online modules and online lectures. Fidelity will be measured as a percentage of the sessions (in-person or online) that a provider attended out of the number of sessions the provider was expected to attend.

Prior to the intervention period, C4 will provide detailed instructions to the providers about how to access the intervention, expectations about its use, and contact information for technical support as needed. We will embed web analytics that enable us to track individual providers' page views, length of time per page, and completion of segments of OnDemand. Providers will be made aware of the tracking capability before they sign the initial consent form and when they are assigned to an intervention.

The table below shows the data collection time points for each measure in Phases I and II.

Measures and Frequency of Assessments						
Domain	Measure	Data Collection Time point				
		Baseline	Post-intervention	3 month	6 month	9 month
Phase I: Provider Outcomes						
Demographics and Professional Characteristics	N/A	X				
Knowledge	Percent correct on Knowledge Scale	X	X			
SDM	SDM-Q-Doc	X				
Satisfaction	Good to very good average satisfaction		X			
Web Analytics	Completion of online modules and lectures	During Intervention Period				
Phase II: Provider Outcomes						
Demographics and Professional Characteristics	N/A	X				
Knowledge	Percent correct on Knowledge Scale	X	X			X
SDM	SDM-Q-Doc	X	X			X

Satisfaction	Good to very good average satisfaction		X Part 1: Initial training			X Part 2: Support phase
Web Analytics	Completion of online modules and lectures	During Intervention Period				
Phase II: Client-Level Outcomes						
Engagement	Dropped out of care (yes/no)					X
Work/School	Any work/school in the past 3 months (yes/no)	X		X	X	X
Relapse	Any hospitalization in the past 9 months (yes/no)					X
Implementation	Number of visits in the past month	X		X	X	X

DATA ANALYSIS

Phase I

Quantitative Analysis: We will examine participant demographics using descriptive statistics. The primary outcome will be the percentage of correct responses on the online knowledge test. We will assess improvements in knowledge with a paired t-test comparing pre- and post-training knowledge. At least a 20 percent increase in knowledge would support proceeding to the Phase II randomized trial.

Qualitative Data Analysis: Qualitative interviews will assess participants' learning styles, preferred aspects of the curriculum, and ideas for improving the product. We will record these interviews and will use a team-based approach, conducting a thematic analysis using a Rapid Assessment Process designed for quick turn-around qualitative studies.ⁱ This uses the rapid identification of themes from audio recordings (RITA) method.ⁱⁱ

Phase II

Non-inferiority trials are intended to test that a novel intervention (*OnDemand*) is no worse than a standard intervention (*InPerson*) by more than a pre-specified margin. Non-inferiority designs statistically test the null hypothesis that the novel treatment *is inferior* by the non-inferiority margin (δ). If the null hypothesis is to be rejected, the upper limit of the confidence interval (CI) around the observed difference must be less than the non-inferiority margin.

Multiple Comparisons. We will use the sequential Bonferonni-type procedure for dependent hypothesis tests of Benjamini and Yekutieli to control the false discovery rate at five percent.ⁱⁱⁱ The false discovery rate is the expected (or on average) proportion of falsely rejected hypotheses. This procedure will be applied to the family of tests on the multiple associated measures corresponding to each hypothesis.

Preliminary Analyses: All data will be screened for errors using frequency and contingency tables and univariate and bivariate plots before formal analysis. These informal plots and summaries will also allow us to be cognizant of data distribution characteristics before building regression models. We anticipate that our dependent variables will either have a distribution that is relatively bell-shaped, or can be transformed to be relatively bell-shaped. We will also perform basic t- and chi-square tests for differences on demographic (e.g., age, race, and gender) and other potential confounder variables across the two groups. Imbalances may occur in spite of the randomization procedure. If, by chance, there is an important variable significantly out of balance, we will include it as a covariate in all models,

as well as the blocking variable. Generalized Linear Mixed Models (SAS Proc GLMMIX or Proc MIXED) will be used to allow for the team to be included in all models as a random effect. The SAS PLM procedure, in conjunction with the STORE command, will be used to perform the necessary postfitting statistical analyses on the results of the contents of a SAS analysis that was previously created with Proc GLMMIX or MIXED. PLM can perform postfitting tasks, such as testing hypotheses and computing confidence intervals to test our non-inferiority hypotheses.^{iv}

Aim 2: Hypothesis: Providers in the OnDemand condition will achieve increases in knowledge, SDM, and satisfaction at post-training and nine months that will be no more than 0.5 standard deviations less than the InPerson condition.

A General Linear Mixed Model (Proc MIXED) will be used to estimate the effects of the two groups on change in knowledge, SDM, and satisfaction. The primary outcome will be the 9-month outcome measures, controlling for baseline on knowledge and SDM. Proc PLM will be used to calculate the 95 percent confidence intervals for the difference between the groups on each variable with model-based estimates and the SE. The null hypothesis (groups different by at least 0.5 SD) will be rejected and non-inferiority determined if the 95 percent CI does not cross the control mean, plus or minus the delta.

Aim 3: Hypothesis: Clients being served by the providers in the OnDemand condition will have work/school participation rates, levels of engagement, and rates of hospitalization nine months after admission that are no more than 10 percent higher (hospitalization) or lower (work/school, engagement) than clients served by providers in the InPerson condition.

Since the client-level variables are proportions or counts, we will assess the effect of each training intervention with a generalized linear mixed model (Proc GLIMMIX) with the appropriate link functions (proportions = logit link, counts = log link). As described in Aim 2, the primary outcome will be the nine-month assessment data, controlling for baseline values when applicable, as well as the other covariates described above. Proc PLM will again be used to calculate the 95 percent confidence intervals using the difference between the model-based estimates and the SE of the difference. The null hypothesis will be rejected and non-inferiority determined if the 95 percent CI does not cross the control proportion plus or minus the δ .

Qualitative Data Analysis. We will conduct thematic analyses of interviews to provide context and aid in interpretation of patterns emerging from quantitative analyses. Interviews will be recorded and transcribed. We will begin with an a priori coding system for theme identification, developing a codebook with specific codes based on protocol questions, but allowing for open coding as themes emerge during analysis.^v Data will be coded individually by multiple team members.^{vi} After initial data analysis using NVivo qualitative data analysis software,^{vii} the research team will discuss and review the emerging codes, establish intercoder agreement, refine constructs and coding categories, identify core themes and generate hypotheses about patterns in the data, and explore additional aspects of the data.^{viii}

PROTECTION OF SUBJECTS AND USE OF INFORMED CONSENT

The research described in this proposal to develop and test *CSC OnDemand: An Innovative Online Learning Platform for Implementing Coordinated Specialty Care* involves human subjects. The Center for Social Innovation (C4) will abide by all protections outlined herein and will begin research only after all research activities will be approved through New England Independent Review Board (NEIRB).

1. RISK TO HUMAN SUBJECTS

Proposed Involvement of Human Subjects

Phase I. In Phase I, we will explore the feasibility and preliminary effectiveness of *CSC OnDemand* with one group of human subjects: 5 - 7 study-eligible direct care providers from three sites

(N=15). Participation will include using the online training intervention (Level 2 and Level 3, as described in *Innovation*) during a two-week period, online pre- and post-intervention surveys, and semi-structured telephone interviews. We will use these data to refine and expand the *CSC OnDemand* intervention in Phase II.

Phase II. To help us evaluate the final and complete *CSC OnDemand* training intervention, we will recruit approximately 30 treatment teams implementing Coordinated Specialty Care nationally (5 - 7 providers per site; n = 150 individuals). Across the sample, we will randomize at the team level (rather than individual provider level) and assign 20 teams to *OnDemand* training and 10 teams to *InPerson* training. Our cluster randomized non-inferiority design will include data collected from providers at baseline, post-intervention, and 9 months post-intervention, as well as de-identified administrative data on all clients entering services during the period in which research will be conducted. Client-level data at baseline, 3 months, 6 months, and 9 months will be collected (all data will be collected at one time, in the final year of the study). We anticipate having administrative outcome data for 600 clients. Additionally, we will invite 5 administrators and 10 direct care providers from each of the two conditions to participate in semi-structured telephone interviews (n=10 and n=20, respectively).

Characteristics of the Subject Population

Providers are broadly defined as mental health service providers, and include psychiatrists, psychiatric nurses, social workers, community mental health workers, peer specialists and other mental health providers. The direct care provider population for this study will include both men and women; however, we anticipate that women will be overrepresented given that the majority of community and social service providers were female in recent U.S. Bureau of Labor Statistics^{ix} (see *Targeted/Planned Enrollment Table*). Administrators are defined as individuals that function in a supervisory capacity within the program. All providers and administrators will be 21 years of age or older and we will include individuals of all races and ethnicities.

Phase I. For Phase I of this study, our sampling of 15 providers to test *CSC OnDemand* will be purposive; however our team will actively pursue a diverse group of participants with regard to gender, race and ethnicity.

Phase II. We have a sampling strategy for Phase II that will actively pursue a diverse sample of provider participants with regard to gender, race and ethnicity (see *Inclusion of Women and Minorities*). Interviews with administrators will include purposive sampling, based on the role of the individual within the program and their ability to speak to implementation of the product within the program; however, we anticipate that the demographic description will be similar to that of direct care providers. Because de-identified client-level data will be collected on all clients receiving services with a participating program/team during the research period, sampling of clients will not be conducted by the research team; however basic demographic data will be reported on these clients. This product is designed for providers working with young people with first episode psychosis (often including the ages 15 – 35); as such, it is possible that the clients for whom sites will provide de-identified data may be minors.

Recruitment, Inclusion/Exclusion Criteria and Sampling

Organizations will be recruited through pre-existing contacts at federal and other national networks serving the mental health treatment field. Participating programs will be asked to sign a letter of commitment that will outline program eligibility and the responsibilities of the research team and the programs. For recruitment purposes, a site liaison will be identified for each program. The site liaison will be the point of contact and the signatory on the letter of commitment. The program liaisons will assist in program-level data collection issues and will support recruitment efforts. The liaison within

each program will provide recruitment materials (e.g. fliers, emails) to their staff and relay study information.

Inclusion criteria: To be eligible, agencies will need to provide: 1) direct care to individuals with early psychosis; 2) administrative-level support for training and use of the CSC model; 3) entire treatment teams who are willing to participate in this team-based intervention; 4) contact information for direct service staff; 5) support for the study, including a staff person to serve as a liaison to work with the research team; 6) access to the Internet during the intervention period, and 7) willingness to provide data and participate in the evaluation. **Exclusion criteria:** Teams should not have previously received CSC training.

Once agencies have agreed to participate in the study, all of the providers on the CSC team (approximately 5 -7 per site) will be approached to consent to participate in the research data collection portion of the study. New providers that join teams during the study time period will be trained with the CSC intervention assigned to their team and also approached to consent to participate in the research. It is not feasible to repeat the *InPerson* training, so it will be modified to reviewing materials and telephone support, as is currently done by training faculty.

Recruitment strategies will be similar for both phases of the study. Inclusion and exclusion criteria will be the same. In addition, teams and individuals who participated in Phase I will be excluded from participating in Phase II. In Phase II, five program administrators from each of the two study conditions (n=10) will be invited to participate in semi-structured interviews to learn more about their experiences with CSC training and implementation. It is also important to note that administrators who participate in Phase II semi-structured interviews will not be site liaisons or site contacts who have helped with recruitment; administrators involved in recruiting provider participants will be excluded from participating as study subjects. A subset of providers from each condition will also be invited to participate in semi-structured telephone interviews (n=20). We will randomly select 10 individuals from each of the two participating provider samples to invite participation in a semi-structured interview. We will randomly select further participants as needed if any of the initially selected providers decline to be interviewed. Inclusion criteria for the use of client administrative data will simply consist of a client receiving services by a participating team during the research study. Prior to the commencement of research activities, the research team will create rules related to the collection and reporting of data on clients who withdraw from services during the study (e.g., the number of days receiving services or number of contacts with the team).

Rationale for the Involvement of Special Classes of Subjects

CSC OnDemand and *InPerson* training conditions will be designed to promote the implementation of Coordinated Specialty Care for young people experiencing first episode psychosis in mental health organizations across the United States. For our sample of providers and administrators who will participate in the study, our team does not see a need to exclude special groups, such as pregnant individuals, from the study. Incarcerated individuals will not be part of this study, as they will not meet inclusion criteria. If individuals meet inclusion criteria, they will be eligible for the study. In regards to client outcome data, our team recognizes that young people with first episode psychosis may have cognitive impairments. They may also be under the age of 18. Data on this group is exclusively limited to de-identified administrative data on outcomes assessed by agencies as a part of typical treatment. We will ensure that the IRB application through NEIRB deems this indirect participation as minimal risk, with potential for benefitting clients directly.

Collaborative Sites Where Human Subjects Research will be Performed

Research will be conducted in programs that serve individuals with severe mental illnesses. Providers will be recruited within these programs. For Phase II, the five administrators recruited for semi-structured interviews and the de-identified client administrative data will also be from these programs. Teams and individuals who participated in Phase I will be excluded from participating in Phase II.

Sources of Materials: Research Material Obtained from Human Subjects

In Phase I, we will pilot the quantitative measures we plan to also use in Phase II. Surveys will be built and administered through REDcap software. A knowledge test will be created in conjunction with the intervention modules. A secondary measure will assess providers' knowledge and attitudes on shared decision making – a key component of successful CSC and a focus of the training. Demographic data will include age, gender, race/ethnicity, education level, and years in the field.

Phase I. The online survey will be administered at two time points – pre-training and post-training. We will also conduct semi-structured telephone interviews with each study participant in Phase I, exploring reactions, preferences, and suggestions for improvement. Interviews will be audio recorded.

Phase II. In Phase II, we will collect the following data over a period of 9 months post-training (total of 12 months), allowing for varying training dates by agency: a baseline survey to capture participant providers' demographic and professional characteristics, CSC knowledge and shared decision making (SDM) attitudes; a post-training survey of CSC knowledge, SDM attitudes and satisfaction with the training, immediately following training in both conditions; a 9-month follow up survey, in which we will repeat the questions about CSC knowledge and SDM along with a satisfaction measure. In addition to these measures, we plan to conduct semi-structured telephone interviews with a subset of providers (n=20) and program administrators (n=10) to learn more about their experiences with CSC training and implementation. These hour-long key informant interviews will explore: experiences with the training intervention; barriers and facilitators of CSC implementation; and suggestions for continued improvement of the two interventions. Interviews will be audio recorded.

Agencies will be asked to collect and submit de-identified administrative client data (baseline, 3 months, 6 months 9 months) on all clients who begin service for the 9 months following team training. These data will be collected and submitted with the support of the site liaison or designee. Information will include: 1) work/school participation (any work or school participation in the prior 3 months), assessed by the team at baseline, 3 months, 6 months and 9 months; 2) engagement in CSC services, measured as percentage of dropouts over the 9 month evaluation period, and 3) inpatient psychiatric hospitalizations, measured as the number of day of hospitalization.

To track adherence to the training intervention for the *InPerson* condition, attendance at all in-person and phone sessions will be tracked. For the *OnDemand* Condition, the tracking system will monitor the completion of online modules and online lectures. Fidelity will be measured as a percentage of the sessions (in-person or online) that a provider attended out of the number of sessions the provider was expected to attend (complete).

Linkages to Subjects and Access to Subject Identities and Private Information

Each provider participant will be assigned a unique identification number upon enrollment into the study. A participant identification sheet will match participant names to their unique identifiers. This information will be stored in a password-protected file on a secure server on C4 premises. Only IRB-approved research members will have access to the password. The identification numbers will be matched across quantitative datasets to take an extended look at change over time that may be attributable to the intervention. De-identified administrative data on clients will also be assigned unique identification numbers in order to link that data to providers (using provider unique identifiers), teams,

and study conditions. No one on the study team will have access to identifiable private information disclosed by clients; all data will be de-identified of all private information by the program/site liaison or designee.

How Data will be Collected

All quantitative survey data will be collected via an online survey portal (REDCap). All interviews will be conducted over the telephone by the research team and audio-recorded at the consent of the interviewee. Audio recordings and notes/transcripts will be stored in password protected electronic files, on password-protected computers, and secure servers. Only IRB approved members of the research team will have access.

All administrative client data will be de-identified using the Safe Harbor Method: all 18 identifiers related to Protected Health Information (PHI) (e.g., names, birth dates, telephone numbers) will be removed by the program/site liaison or their designee. De-identified data will be sent electronically as password protected files and secured in a locked file cabinet in a locked office at C4, and only IRB approved team members will have access to the file cabinet.

2. POTENTIAL RISKS AND ADEQUACY OF PROTECTION AGAINST RISKS

This is a Minimal Risk Study. Providers will complete surveys to assess knowledge, attitudes, satisfaction, etc. Providers and program administrators will provide data related to their professional experiences and practices, limiting the risk of emotional or psychological distress. To further limit potential distress, all providers and administrators will be assured that participation in the study will not negatively impact employment. Potential risk for clients is very minimal, as they will not be receiving the intervention nor will study-specific data be recorded on them (i.e., they will have no direct interaction with research activities). All participants will be reminded that participation is voluntary and they can withdraw from the study at any point without reason or penalty. Contact information for the Principal Investigator and the IRB will be provided and all participants will be encouraged to express any concerns they have prior to, during or following their participation.

Informed Consent

The program liaisons will assist in program-level data collection issues and will support recruitment efforts. The liaison within each program will provide recruitment materials (e.g., fliers, emails) to their staff and relay study information. Eligible providers and administrators will be given information about the study. Those who express interest in participating will be given an informed consent form that they will be asked to carefully review. The consent form will include contact information for the C4 research team and potential participants will be encouraged to contact the team if they should have any questions or concerns prior to, during or following their participation. After these points are considered, participants will be asked to provide informed consent to a research team member (either in person or via telephone consent as approved through NEIRB). All provider and administrator participants will be given a copy of the consent form for their own purposes and the signed form will be returned to C4 via mail, fax or secure email and stored in a locked filing cabinet. Prior to qualitative interviews, key points within the consent form will be revisited with providers to ensure they are aware that participation is voluntary, that the interview will be recorded for research purposes and that their identity will never be revealed in any publication or form of dissemination.

The proposed research on client outcomes will not require informed consent; the administrative data sets will be properly de-identified so that the information no longer constitutes PHI, and no other data will be collected on or from clients.

All paper study documents, including consent forms, will be locked in a filing cabinet in a locked C4 room, and only IRB approved study team members will have access. Data will be kept for 5 years after completion of the study, after which time all study documents will be shredded.

Phase I. The study will recruit a sample of 15 providers across 3 sites. In efforts to minimize attrition across all participants, the research team will offer one \$25 cash-equivalent gift card for each grouped research activity (e.g., all pre surveys; each round of post surveys; semi-structured interview) that providers and administrators complete (\$75 per participant). We believe that incentives will enhance recruitment and minimize attrition, and administrative support across organizations will further help to reduce attrition.

Phase II. The study will recruit a sample of 150 providers across 30 teams. Our team will likely oversample (to as many as 175 providers) to address potential attrition issues. This will be monitored throughout the study. In efforts to minimize attrition across all participants, the research team will offer one \$25 cash-equivalent gift card for each survey that providers and complete (\$75 per provider-participant). Providers and administrators involved in the Phase II semi-structured interviews will receive \$50 for participating. Incentives and administrative support across organizations will help to reduce attrition. Given the longitudinal design, the research team will also strive to maintain continued contact with participants across the data collection timeframe through sending periodic cards, thanking them for continued participation.

Protecting Against Potential Risks to Privacy and Confidentiality

In order to ensure confidentiality, all participants will be assigned a unique identifier upon enrollment in the study, as previously noted. A participant identification document will match participant names to their unique identifiers. This information will be stored in a password-protected file on a secure server on C4 premises. Only IRB-approved research members will have access to the password. REDCap will be used to send web-based surveys to email addresses providers offer at the beginning of participation.

Client privacy and confidentiality is protected by the de-identification process, which will be performed on sites by the site liaison or designee. Consistent removal of identifiers will prevent client re-identification.

All electronic data will be stored in password-protected databases or files. Paper documents, including interview notes and consent forms, will be retained in a locked cabinet in the C4 office. All surveys will use the unique identifiers in order to track and assign responses to appropriate participants. Identifiers will in no way be associated with any one individual and they will be used during data collection, entry and analyses only. Six months following the completion of the project, the record matching identifiers to participants will be destroyed. Remaining data will be de-identified and will not include email addresses, names or other personal information.

Only IRB-approved members of the research team will have access to research files. Participant records will be securely stored for five years after completion of the study. The HHS protection of human subjects regulations require institutions to retain records of IRB activities and certain other records frequently held by investigators for five years after completion of the research [per 45 CFR 46.115(b)]. At that time, our team will shred all paper copies of data and will delete all audio files and other data, such as transcripts, that are stored electronically.

Data and Safety Monitoring Plan (DSMP)

For both phases of this minimal risk study, the Principal Investigator, Jeff Olivet; Senior Quantitative Researcher, Dr. Deborah Medoff; and Senior Qualitative Researcher, Dr. Kathleen Ferreira will be

responsible for data and safety monitoring with the study team. The team will review rates of enrollment and retention on a regular basis to ensure that a sufficient number of participants are being enrolled and that they meet eligibility criteria and the targeted race and ethnic diversity reflected in the enrollment tables of the proposal (see Targeted Enrollment tables in proposal). In the event of an unforeseen adverse event (which is herein defined as a death, life-threatening event, inpatient hospitalization, significant disability, incapacity or other medically significant event), the Principal Investigator will notify the NIMH Project Officer in writing within twenty-four hours. The risk of adverse events taking place within the context of the proposed study is extremely low; however, risks will be continuously monitored, and appropriate measures will be implemented in the event of an unanticipated challenge. As previously noted, providers will be the participants receiving the intervention during both phases of this study. Clients will not actively participate in this study.

Data and Safety Monitoring Board. Because Phase I will be a feasibility study, research activities will not require independent monitoring via an Independent Safety Monitor or a Data and Safety Monitoring Board. Although Phase II is a randomized trial, the intervention being tested is a training product for mental health care providers—not an intervention being tested directly with clients. As such, our research team feels that the minimal risk nature of the study will not require an independent DSMB. However, we will follow guidance from NIMH regarding creation of an independent DSMB if needed. If an independent DSMB is determined to be necessary for the Phase II study, our team will ensure board members have the following expertise:

1. Clinical trials research expertise
2. Expertise in research of individuals with psychosis (preferably first-episode psychosis)
3. Biostatistics expertise

The PI and senior research methodologists will communicate regularly with NEIRB and the NIMH Project Officer throughout the research project related to data collection, storing, and analysis procedures, providing regular updates (including review of de-identified emerging data), ensuring a transparent process of timely and appropriate oversight.

Trial Safety

Specific events that would preclude a participant from continuing the intervention. After participants meet inclusion criteria, events that would preclude a participant from continuing will be the same for Phase I and II of the study. Providers will offer data related to their professional experiences and practices, limiting the risk of emotional or psychological distress. The intervention would be stopped if the provider participant chose to stop participating, moved to another program not participating in the study or participating in a different arm of the study, or if the provider had psychological distress from sharing personal information.

Description of any procedures in place for managing any medication related issues. No medications will be used in this study.

Description of potential risks and measures in place to protect against foreseeable risks. All participants will be reminded that participation is voluntary and that they can withdraw from the study at any point without reason or penalty. Our primary concern is that we do no harm in working with study participants. This is why our team carefully considers inclusion/exclusion criteria and ensures that we are regularly attending to these criteria. The research team will work closely with the site liaisons, promptly addressing any concerns that arise.

Description of the mechanisms in place to protect subject privacy. During this study, interviews will be conducted with direct care providers and administrators over the telephone at a time and place that is convenient and private for them. Providers will be able to complete surveys through REDCap, using any computer they are comfortable using, by clicking on the survey link provided by the research team. If they prefer to complete a paper version of the survey, they will be provided with a self-addressed, stamped envelope in which to mail the survey to C4. Site liaisons may also return surveys via scan and password protected email for the participant. No participant assessment data will be shared outside of the study team, IRB, or funder as pre-determined and described in the informed consent. All data will be identified with an identification code unique to the subject, and the key to this information will only be available to the PIs and research manager of this study.

Description of the trial stopping rules for the study, if any. This study will be stopped prior to its completion if: 1) the intervention is associated with adverse effects that call into question the safety of the intervention; for this study, this would include a pattern of psychological distress by the provider or if participating sites report a destabilizing of clients who are working with providers participating in the intervention; 2) there is difficulty in study recruitment or retention that will significantly impact the ability to answer study research questions; 3) any new information becomes available during the trial that necessitates stopping the trial; or 4) other situations occur that might warrant stopping the trial. The PIs will include any challenges in the annual progress report to NIH/NIMH and will consult with the NIMH Program Officer and IRB to assess the impact of significant data loss due to problems in recruitment, retention, or data collection.

Description of the plan for management of incidental findings. Our intervention focuses on training providers who work with individuals with first-episode psychosis. In the course of administering *CSC OnDemand* or *InPerson* training interventions and collecting data during Phase II of this study, it is possible that various incidental findings will occur. These findings may present in any of our primary data sources: provider survey, provider and administrator interview data, or client administrative data. To address potential incidental findings that emerge at any point during the study, we will implement the following guidelines:

1. The informed consent process will include language about potential incidental findings.
2. The interaction between provider participants and clients provides opportunity for conversation that may reveal incidental findings. At every step of data collection, we will monitor responses to identify these findings.
3. Our research team will inform providers participating in the study to notify the research team if incidental findings occur during the course of using the product or engaging in *CSC OnDemand* activities. The research team will work with the site liaison to ensure that clinical supports are mobilized at the participating program to address the incidental finding, or that appropriate referrals are made. Research staff will report these IFs to the IRB and NIMH Project Officer during regular reporting periods unless they qualify as adverse events.
4. If an incidental finding is identified in the course of analyzing any of our data sources, the research team will inform the program immediately.

Description of the process for the disclosure of any conflicts of interest that may potentially challenge participant safety or bias the data and how the conflict will be managed. PIs will ensure that all research team members do not have a conflict of interest with participants or sites. A conflict of interest statement will be reviewed, signed and submitted to NEIRB by each team member annually. Any discovered conflict of interest will be reported to the IRB and NIMH Project Officer by the PIs, and the team member will be immediately removed from the study until a determination is made regarding their continued role. In addition, a determination will need to be made regarding the ability to use any

data with which the team member has had contact. The PIs will report to the IRB and NIMH Project Officer for final determination.

For multi-center studies, a description of the procedures for ensuring compliance with the monitoring plan including requirements for data reporting across study sites. The research team will work closely with all participating programs regarding data reporting requirements. Our team will have a consistent process for orienting site liaisons to the study, ensuring that they are clear about their roles and responsibilities as the liaison for their site, and will work with them in the consistent reporting of client administrative data. The use of REDCap will create consistent reporting across sites as will the research team's consistent message regarding the importance of collecting and reporting these data. The research team will work closely with the site liaisons and will problem solve around any challenges faced. From recruitment until the end of data collection we will have at minimum a monthly check-in (much more frequently at the beginning to ensure that there are no challenges).

Reportable Events

Description of the process and timelines for collecting and reporting adverse events (AEs), serious adverse events (SAEs), and unanticipated problems involving risks to subjects or others. Following NIMH's Reportable Events Policy, if the research study is suspended, or terminated by the IRB or OHRP, a statement of reason will be reported to NIMH Project Officer within 3 business days of receipt of notification. This will be reported by the PI of the study. Serious or continuing noncompliance will be reported to the NIMH Project Officer within 10 business days of IRB determination. Protocol violations will be reported by the PIs during the annual progress report.

Serious Adverse Events (SAEs) and unexpected AEs, or unanticipated problems involving risks to subjects or others, will be reported to the NEIRB and the NIMH Project Officer. Although it is highly unlikely that such an event would occur based on the use of an online training module or completion of surveys and interviews, injury or death related to study participation will be reported immediately by the PIs, no later than within 5 business days, of the PIs first learning of the injury or death. Unexpected SAEs related to study participation will be reported by the PIs to the NIMH Project Officer within 10 business days of the study team becoming aware of the event. Unanticipated programs involving risks to subjects or others will also be reported the NIMH Project Officer within 10 business days of the PIs becoming aware of the event. For all AEs and SAEs that are deemed expected and/or unrelated to the study, the PIs will provide a summary in the annual progress report to NIMH.

The PIs will work closely with the IRB to monitor risks and benefits of the intervention to ensure safe and effective conduct of research and to recommend the conclusion of the study if significant benefits or risks have developed. Study progress and safety will be reviewed monthly by the research team. The Annual Progress Report to the NIMH Project Officer will include a description of AEs. In addition, the Annual Report will address whether the number of AEs are consistent with anticipated rates; potential reasons for attrition; whether all participants met inclusion criteria; whether continuation of the study is justified on the basis that additional data are needed to accomplish the stated aims of the study; and conditions that would justify terminating the study early. The IRB and other applicable recipients will review progress of this study on an annual basis. The PIs expect that any AEs will be identified by participants who will be instructed to call one of the PIs or the IRB with concerns, or reach out to a research site liaison to contact the PIs or IRB; through the research team's regular contact with sites; and review of data.

Incidental findings that are not considered Adverse Events (AEs) will be reported to the NIMH Project Officer during regular reporting periods. AEs will be reported immediately, as described under the Reportable Events section of this plan.

Data Management, Analysis, and Quality Assurance

Identification of data sources. Research material obtained from human subjects will include the surveys and semi-structured qualitative interviews. In addition, de-identified client-level administrative data will be collected. The interviews will be audio recorded with participant consent to ensure accuracy of notes by the research team. The research team will review all data collection forms on an ongoing basis for data completeness and accuracy as well as protocol compliance.

Description of the security measures in place to protect data sources including how the data will be labeled and stored. As noted earlier, each participant will be assigned a unique identification number upon enrollment into the study. A participant identification sheet (key) will match participant names to their unique identifiers. This information will be stored in a password-protected file on a secure server with only research team members having. As noted previously in this plan, electronic data will be stored on password protected computers with firewalls, and the documents will also be password protected. Paper copies of data will be stored in locked cabinets with only the research team having access to the cabinet, and the cabinet is further secured in a locked room on the C4 premises.

Quality assurance measures. After survey and client administrative data are entered into REDCap, members of the C4 and Dr. Medoff's research team will validate and clean data. Dr. Medoff's team will establish rules regarding data constraints and finalizing all data cleaning processes. The research team will review the dataset after cleaning.

For qualitative data, semi-structured interview notes will be spot-checked/reviewed against audio recordings by a second team member, and these qualitative data will be analyzed using a team-based approach.

Annual reporting to the IRB and NIMH Project Officer will include information such as subject recruitment, enrollment, enrollment targets, and a description of processes used to ensure validity and integrity of the data; subject accrual (including compliance with protocol enrollment criteria); status of all enrolled subjects; adherence data regarding the intervention and survey/interview completion; and AE rates. SAEs will be reported per occurrence directly to the IRB, OHRP, and the NIMH Project Officer.

3. POTENTIAL BENEFITS OF PROPOSED RESEARCH TO HUMAN SUBJECTS AND OTHERS

The *CSC OnDemand* training tool is designed to educate and support providers in using CSC in their clinical practice. The benefits of participating in both the *CSC OnDemand* and *InPerson* conditions of the study may include eliciting better outcomes for the clients receiving services from their providers. Continuing education credits and the possibility of individual provider certification may increase motivation on the part of providers and program administrators to participate in the curriculum, both during and after the proposed study.

4. IMPORTANCE OF KNOWLEDGE TO BE GAINED

The knowledge that will be gained through conducting this study contributes to the mental health field by extending the quality of care young adults experiencing first episode psychosis receive. Phase I supports the development of the initial online *OnDemand* tool and will inform the formal evaluation plan for Phase II, which will assess provider and client level outcomes across an extended period of time, address questions related to adoption and use of the tool within mental health programs and organizations, and sustainability of use. While the NIMH Recovery After An Initial Schizophrenia Episode (RAISE) projects demonstrated that multi-element, multi-disciplinary interventions (CSC) can

lead to improved outcomes, there is a great need for expanded training. The developed product and research findings from the proposed research will allow for broader dissemination and implementation of a practice that improves the lives of young people experiencing psychosis, a once-debilitating illness. The intended outcomes greatly outweigh the minimal risks associated with participating in this study.


5. REQUIRED EDUCATION IN THE PROTECTION OF RESEARCH PARTICIPANTS

All team members included within the research proposal will be required to undergo human subjects training which will be taken online through the National Institutes of Health (NIH) Office of Extramural Research (Protecting Human Research Participants) or CITI. The course involves several components relating to the protection of human subjects including, but not limited to, identifying and minimizing risks for research participants. Record of completion of the appropriate courses will be submitted to NIH and will supplement all IRB applications.

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TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY


Patti Atkins, Chair

August 24, 2017
Date

ORIGINAL EFFECTIVE DATE: May 27, 1997

REVISION DATE (S): August 24, 2017

SUBJECT: Research

It is the policy of the Board of Trustees that Tri-County Behavioral Healthcare ('Tri-County' or 'Center') that any proposed research involving individuals served will be fully evaluated to ensure the research's appropriateness and safety, and to ensure that it does not compromise the rights of individuals involved in the study.

Any research regarding medication trials will be approved by the Board of Trustees following Institutional Review Board approval with an analysis of risk to the Center.

Requests to use any data from individuals served for the purposes of research for a dissertation, similar process or other report will be routed through the Executive Director for approval. No research using data for individuals served by Tri-County may be used without Executive Director approval.

The Executive Director will ensure procedures reflecting this policy are developed as needed.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: March 28, 2019
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

March 1, 2019 – March 28, 2019

Volunteer Hours:

Location	February
Conroe	371
Cleveland	0
Liberty	13
Huntsville	15
Total	399

COMMUNITY ACTIVITIES:

3/4/19	IDD Local Planning Public Meeting	Cleveland
3/4/19	Montgomery County Homeless Coalition Board Meeting	Conroe
3/5/19	Magnolia Rotary Club Mental Health/Suicide Prevention Presentation	Magnolia
3/5/19	Conroe ISD Mentor Luncheon	Grangerland
3/5/19	Bringing Everyone Into the Zone (BEITZ) – Jail	Conroe
3/6/19	Conroe Noon Lions Club Luncheon	Conroe
3/6/19	Outreach, Screening, Assessment and Referral Meeting (OSAR)	Houston
3/7/19	Lake Conroe Area Republican Women’s Luncheon	Walden
3/7/19	Cleveland Chamber of Commerce Lunch	Cleveland
3/7/19	Family Resource Transition Fair	Conroe
3/7/19	Lone Star College Safety Fair	The Woodlands
3/8/19	Lay-in at Plane State Jail	Dayton
3/12/19	Assisting Victims Escape & Resist Trafficking (AVERT) Human Trafficking Deferment Meeting	Conroe
3/12/19	Conroe ISD Mentor Luncheon	Grangerland
3/12/19	American Legion Meeting	Conroe
3/12/19	Bringing Everyone Into the Zone (BEITZ) – Jail	Conroe
3/13/19	Liberty County Community Resource Coordination Group	Liberty
3/13/19	Family and Community Coalition of Montgomery County	Conroe
3/13/19	Conroe Noon Lions Club Luncheon	Conroe
3/13/19	Veterans Treatment Court	Conroe
3/13/19	Family and Community Coalition of Montgomery County	Conroe
3/14/19	Walker County Chamber of Commerce Small Business Meeting	Huntsville
3/14/19	IDD Local Planning Public Meeting	Liberty
3/14/19	Kingwood Hospital Lunch and Learn – PASRR Level 1 Steps	Kingwood
3/15/19	IDD Local Planning Public Meeting	Huntsville
3/19/19	Montgomery County Community Resource Coordination Group	Conroe
3/19/19	North Houston Networking Group	The Woodlands
3/19/19	Conroe ISD Mentor Luncheon	Grangerland
3/19/19	Bringing Everyone Into the Zone (BEITZ) – Jail	Conroe

3/20/19	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
3/20/19	Conroe Noon Lions Club Luncheon	Conroe
3/21/19	Homeless Coalition Community Meeting	Conroe
3/22/19	Walker County Juvenile Justice Staffing Meeting	Huntsville
3/25/19	Military Veteran Peer Network Basic Training	Conroe
3/26/19	Conroe ISD Mentor Luncheon	Grangerland
3/26/19	Montgomery County Area Business Women's Luncheon	Conroe
3/26/19	Bringing Everyone Into the Zone (BEITZ) – Jail	Conroe
3/27/19	Conroe Noon Lions Club Luncheon	Conroe
3/27/19	Healthy 4 U	Conroe
3/28/19	Liberty County Health Awareness Coalition	Liberty

UPCOMING ACTIVITIES:

3/29/19	Hope Consortium	Conroe
3/29/19	Walker County Juvenile Justice Staffing Meeting	Huntsville
3/29/19	Liberty County Veteran Treatment Court Presentation	Liberty
4/1/19	Montgomery County Homeless Coalition Board Meeting	Conroe
4/2/19	Conroe ISD Mentor Luncheon	Grangerland
4/3/19	Conroe Noon Lions Luncheon	Conroe
4/4/19	Cleveland Chamber of Commerce Lunch	Cleveland
4/4/19	Cleveland ISD Transition Fair	Cleveland
4/5/19	NOVA (Network of Victims Assistance Programs) Meeting	Conroe
4/5/19	First Methodist Church of Conroe Presentation – Emotional Health of Teens	Conroe
4/8/19	Conroe ISD Mentor Luncheon	Grangerland
4/9/19	Assisting Victims Escape & Resist Trafficking (AVERT) Human Trafficking Deferment Meeting	Conroe
4/10/19	Conroe Noon Lions Club Luncheon	Conroe
4/12/19	Sam Houston State Advisory Council	Huntsville
4/13/19	Magnolia ISD Parent Symposium	Magnolia
4/14/19	Walker County Chamber of Commerce Small Business Meeting	Huntsville
4/16/19	North Houston Networking Group	The Woodlands
4/16/19	Conroe ISD Mentor Luncheon	Grangerland
4/16/19	Montgomery County Community Resource Coordination Group	Conroe
4/17/19	Conroe Noon Lions Club Luncheon	Conroe
4/17/19	Multidisciplinary Behavioral Health Team Quarterly Meeting	Huntsville
4/17/19	Liberty Chamber of Commerce Luncheon	Liberty
4/18/19	Montgomery County Homeless Coalition Community Meeting	Conroe
4/18/19	Homeless Coalition Meeting	Conroe
4/23/19	Conroe ISD Mentor Luncheon	Grangerland
4/24/19	Conroe Noon Lions Luncheon	Conroe
4/26/19	Walker County Juvenile Justice Staffing Meeting	Huntsville
4/30/19	Conroe ISD Mentor Luncheon	Conroe

Agenda Item: Consumer Services Report for February 2019 Committee: Program	Board Meeting Date: March 28, 2019
Background Information: None	
Supporting Documentation: Consumer Services Report for February 2019	
Recommended Action: For Information Only	

Consumer Services Report February 2019

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	641	43	36	60	780
Crisis and Transitional Services (LOC 0, LOC 5)	19	0	0	0	19
Psychiatric Emergency Treatment Center (PETC) Served	46	2	4	1	53
Psychiatric Emergency Treatment Center (PETC) Bed Days	172	0	6	4	182
East Montgomery County Crisis Service Admits	17	0	2	1	20
Contract Hospital Admissions	1	0	1	0	2
Diversion Admits	11	0	0	0	11
Total State Hospital Admissions	0	0	1	0	1
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1391	138	127	134	1790
Adult Medication Services	632	86	85	94	897
Child Service Packages (LOC 1-4 and YC)	871	71	46	87	1075
Child Medication Services	259	16	16	30	321
TCOOMMI (Adult Only)	119	13	21	6	159
Adult Jail Diversions	5	0	0	0	5
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	2	0	0	0	2
Service Coordination	667	34	47	68	816
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	22	3	13	21	59
Substance Abuse Services					
Children and Youth Prevention Services	127	32	24	12	195
Youth Substance Abuse Treatment Services/COPSD	8	0	0	0	8
Adult Substance Abuse Treatment Services/COPSD	54	0	0	0	54
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	177	7	0	0	184
Home and Community Based Services Interest List	1683	129	151	195	2158
February Served by County					
Adult Mental Health Services	1770	145	136	199	2250
Child Mental Health Services	871	71	46	87	1075
Intellectual and Developmental Disabilities Services	681	48	54	74	857
Total Served by County	3322	264	236	360	4182
January Served by County					
Adult Mental Health Services	1850	186	125	207	2368
Child Mental Health Services	771	66	41	81	959
Intellectual and Developmental Disabilities Services	656	46	53	75	830
Total Served by County	3277	298	219	363	4157
December Served by County					
Adult Mental Health Services	1563	161	122	187	2033
Child Mental Health Services	644	57	33	81	815
Intellectual and Developmental Disabilities Services	648	45	52	71	816
Total Served by County	2855	263	207	339	3664

Agenda Item: Program Updates Committee: Program	Board Meeting Date: March 28, 2019
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

March 1, 2019 – March 28, 2019

Crisis Services

1. Utilization of the Porter location is still low, but our stakeholders believe that it will get busy soon. We had our first consumer brought to Porter by a Liberty County Mental Health Officer at the end of February.
2. Our Crisis Program Director was asked to teach a segment on mental health emergencies at the Crisis Intervention Training (CIT) for Montgomery County law enforcement on March 6th. After the training, she was invited to attend the Montgomery County Area Police Chief's Quarterly Meeting where she discussed the East Montgomery County Crisis Clinic in Porter.
3. We admitted two clients to Rusk this month. These are the first two admissions to Rusk in over a year.

MH Adult Services

1. We are interviewing a psychiatric nurse practitioner that is interested in providing services at the Cleveland and Liberty clinics. We have had services via ETBHN Televideo provider since a physician retired last June.
2. The Conroe adult intake department has observed a slight decrease in volume through the walk-in clinic, which is allowing for an increase in evaluations completed at the time of the initial request for services.
3. The crisis transition program, Level of Care 5, has moved to a new model which promotes engagement of individuals released from the Psychiatric Emergency Treatment Center in Adult Outpatient programming with a goal of reducing the gap between inpatient and outpatient treatment and promoting care following a crisis episode.

MH Child Services

1. The number of kids seeking our services, in both Conroe and Cleveland, has required us to add staff time to the intake teams in both locations. We have had as many as eight kids at a time show up for intake in Cleveland on our walk-in day and only had time in the schedule to see three of them. Our Liberty County Child and Youth Administrator is working closely with Cleveland Middle School counselors as well as counselors from other ISDs regarding the significant increase in referrals we are experiencing.
2. Our Certified Family Partners are diligently working to meet our contracted target for Family Partner Service contacts as we recruit to fill our vacant Bilingual Family Partner position.
3. Our Administrator of Intensive Child and Youth Services continues to expand our Provider Network for Youth Empowerment Services (YES) Specialized Therapies.

Criminal Justice Services

1. The Outpatient Competency and Restoration Coordinator has been actively working to provide information regarding the program in the community, resulting in an increase in the last month of referrals to the program.
2. The TCOOMMI program has demonstrated a slight improvement in generation of revenue following a recent decline. Staff are working to ensure that client needs are met and that the program is serving to allow for the attainment of individual recovery goals.

Substance Abuse Services

1. Our Youth Substance Abuse Prevention Team continues to stay busy with Community Events and Presentations on Substance Use, including the vaping epidemic, marijuana, tobacco, and opioids.
2. The Prevention Team is on target to meet or exceed almost all of their contract measures for FY19.
3. The Request For Applications (RFA) for Youth Substance Abuse Prevention came out on March 11th and is due back to the state on April 1st. We plan to request additional funding to hire additional staff and better meet area demand for this service.
4. Our Prevention Team Manager along with our prevention specialist in Walker County are focusing on strengthening our relationship with Huntsville ISD and hope to gain approval to provide group services in Huntsville ISD by the next school year.
5. The Administrator of the Substance Use Treatment program reports that with changes made in programming, including the addition of an adult client group, there has been a significant increase in revenue. The program has also demonstrated increased client engagement, group sizes are meeting the maximum capacity for the first time in program history. In Youth SUD services, we also note an increase in engagement with an 85% show rate. The Administrator anticipates expanding the Youth group offerings once the remaining vacant position is filled.
6. The Expanded Substance Use Disorder program is continuing to grow. Since November 2018, when the program started, there have been over 100 referrals made to the Expanded SUD Engagement Specialist and nearly 80% are being successfully engaged in services.

IDD Services

1. IDD Authority staff and Tri-County Autism Program staff met many families at the Conroe Transition Fair. Those who were not already on the Long Term Services Interest List were added and informed of our services. We will also have representatives at the Conroe ISD Early Childhood Resource Fair, the New Caney Transition Fair and Cleveland's Transition Fair.
2. Provider staff are currently providing Independent Living Skills (ILS) to 54 individuals within the nursing homes.
3. Our Huntsville and Liberty Day Programs has had unannounced audits this month and did well. Day Programs are audited approximately eight to nine times each year depending on the site. Auditors are complimentary on the individuals engaged in activities, quality of services they observe and the individuals appear happy.

Support Services

1. Quality Management:

- a. We are currently conducting the Program Survey in the Youth SA Prevention Program.
- b. Staff have revised agency consent forms related to Authorization of Disclosure of Protected Health Information (PHI) in an effort to streamline the record request process and provide clarity on the intent of the requested release.
- c. Quality Management staff have reviewed 97 notes in which staff utilized the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier, which is used to indicate that they addressed both conditions during their session, and provided feedback to providers for quality improvement purposes to improve both the use of this coding and corresponding documentation.

2. Utilization Management:

- a. The Junior Utilization Management Committee continues to analyze 'No Show' data across providers and clinics to identify possible ways to improve on these numbers as well as identify causal factors for quality improvement.
- b. The Clinical Trainer completed the bi-annual requirement to re-train 40% of all users of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).

3. Training:

- a. The Clinical Trainer is currently providing agency trainings as the newly hired Training Coordinator is undergoing a series of agency trainings required by contract prior to being ready provide ongoing training to staff.

4. Veteran Services:

The Veteran Services Department began their Garden to Harvest class on March 20th. This eight week class is open to Veterans and Tri-County employees and is focused on teaching participants how to build a box garden and preserve the foods once grown. At this time the course includes 12 veterans and five employees.

5. Planning and Network Advisory Committee(s) (PNAC):

Staff and several IDD PNAC members attended the Family Resource and Transition Fair held on March 7, 2019 in an effort to solicit additional feedback for this year's IDD local planning process. Additional plans are in place to attend the Cleveland Resource Fair in April.

Community Activities

1. Tri-County's Consumer Foundation Patrick Reed Dinner and Auction will be held April 9, 2019 at Carlton Woods Country Club.
2. We continue to provide Youth Mental Health First Aid training throughout our communities and area schools.
3. The Strategic Development Director presented to several area networking groups on Suicide Prevention.

Agenda Item: Year to Date FY 2019 Goals and Objectives Progress Report Committee: Program	Board Meeting Date March 28, 2019
Background Information: <p>The Management Team met on August 10, 2018 to update the five year strategic plan and to develop the goals for FY 2019. The strategic plan and related goals were approved by the Board of Trustees at the September 2018 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center's contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2019.</p>	
Supporting Documentation: Year to Date FY 2019 Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2018 – March 28, 2019

Goal #1 – Community Connectedness

Objective 1:

Tri-County Consumer Foundation will hold at least two fundraisers in FY 2019.

- Tri-County's Consumer Foundation held a "Family Fun Night" fundraiser on October 27, 2018 at the City of Panorama raising \$16,365.
- Tri-County's Consumer Foundation will host "The Green Jacket Dinner and Auction" at Carlton Woods Country Club on Tuesday, April 9, 2019. All auction item proceeds will benefit the Foundation.

Objective 2:

The Executive Director will actively participate in the 86th Legislative Session on behalf of the Center and the persons we serve and will make regular reports to the Board of Trustees.

- The first quarter Executive Directors' meeting was dedicated to strategic planning for the 86th Session.
- Evan Roberson, Catherine Prestigiovanni and Sharon Walker visited the Capitol on January 18, 2019. The group had visits with staff in Representative Metcalf, Representative Bell, Representative Bailes and Representative Toth's office. In addition, Staff dropped by Senator Creighton's office.
- Evan Roberson is leading the Behavioral Health Bill response team for the 86th Legislative Session. Evan has a team of five staff from other Centers and Tri-County's three Program Directors as a resource to review bills for operational impact. At the bill filing deadline on March 15th, 1592 bills were being tracked that could impact our system of care.

Goal #2 – Clinical Excellence

Objective 1:

Staff will work with Sam Houston State University and Lone Star Family Health Clinic to enhance School-based Mental Health Clinics and will develop Memorandums of Understanding with each by March 31, 2019.

- Staff has had two meetings with Sam Houston State University and three meetings with Lone Star Family Health Clinic in the first half of Fiscal Year 2019.
- Conversations with Lone Star included a conversation about a mechanism for billing some services under their Federally Qualified Healthcare Clinic license which would result in more revenue for certain services and a discussion of collaboration in Conroe

Independent School District's Caney Creek High School feeder system for continued schools mental health and physical health clinics.

- Conversations with Lone Star have included CISD Administrators and will likely lead to further partnership with both entities. The most likely scenario at this point is that Lone Star would be added to the existing interlocal agreement between CISD and Tri-County. Across the state and nation, collaborations between the Federally Qualified Healthcare Clinic (Lone Star in our case) and the Community Center have resulted in the best school-based clinic partnerships.
- Conversations with Sam Houston have shifted from conversations with the School of Counseling to conversations with the Department of Research and Sponsored Programs. SHSU continues to be interested in collaborating with us in some way, but has not, at this time, decided to allow interns to work on school campuses. Staff has pitched Mental Health First Aid provided on Sam's Campuses in Huntsville and The Woodlands as a starting point for a more established relationship. If there is a Memorandum of Understanding coming, it may not be this fiscal year.

Objective 2:

Tri-County will develop a work plan and team to guide the Certified Community Behavioral Health Clinic transition by May 31, 2019. Regular reports on progress will be made to the Board of Trustees.

- The CCBHC kickoff meeting was held on January 14th. In addition to a deep review of CCBHC principles and tasks, the assignments for the 12 workgroups were reviewed. Subsequently, the 12 workgroups have been assigned and have met with the CCBHC Leadership group to discuss timelines, tasks and deliverables. There seems to be good energy around working through the steps to become CCBHC Certified.
- The teams include: Leadership; Care Coordination and Recovery Planning; Network Development; Evidence-Based Practices; Value-Based Payments; Crisis; Customer Experience; Wellness; Software Evaluation and Modification; Trauma Informed Care; Data; and Outcome Assessments.
- The Executive Director has chosen November 2020 as the deadline for submission of the CCBHC Procedures which will be used to certify the agency.
- Two major accomplishments thus far are the submission of the Alternate Payment Model cost report and our first review of potential new clinical software.
- Software to create a formal Gantt chart and work plan will be purchased soon.

Goal #3 – Staff Development

Objective 1:

Leadership Tri-County Class Participants will review the current on-boarding process, including face to face and computer based training and recommend changes to the current process to Management Team by March 31, 2019.

- Staff has met with Jon Stigliano and the Leadership Tri-County Cohorts three times regarding this objective. The Cohorts have been given (for their review) this objective's criteria - as well as information regarding our current on-boarding processes, New Hire Orientation schedules and New Hire Training agendas. The Cohorts have discussed their individual ideas and are set to meet as a group on March 22nd and March 26th to narrow down their recommendations for changes to our current on-boarding process. The Cohorts will provide (by March 31, 2019) an outline of their recommended objectives, along with a possible implementation plan. They will also identify any possible barriers to implementing the recommended changes.

Goal #4 – Administrative Competence

Objective 1:

Staff will select a vendor to update all Tri-County websites by April 30, 2019

- The Executive Director posted a Request for Proposals on the current Tri-County website and has sent it to a few companies recommended by other Centers. There were no response to the RFP, so a position was posted for someone that could program in the current website's language, Drupal, while we consider next steps. The Drupal programmer would help us clean up our current site while we look for a vendor.
- Staff will continue to look for a website vendor to update the Tri-County site and the site for the Consumer Foundation.

Objective 2:

Leadership Tri-County Class Participants will review our current employee benefits structure and will make recommendations regarding enhancements which would be valued by staff and which are budget neutral by April 30, 2019

- Staff has met with Jon Stigliano and the Leadership Tri-County Cohorts three regarding this objective. The Cohorts have been given the objective's criteria as well as information regarding our current benefits structure and cost. Cohorts plan to firm up their recommendations for this objective after their April meeting.

Goal #5 – Professional Facilities

Objective 1:

Staff will develop a facility improvement plan for Cleveland by May 31, 2019

- The Executive Director has contacted local relator, Phillip Cameron, to begin looking at options for property or facilities in North Liberty County.
- Mike Duncum has been engaged to look at four options in Cleveland.
 - Option 1: Move one of our service lines (e.g. Child and Youth Services) to the Campbell street building that we currently lease to UTMB/WIC. Make required repairs to Truman (roof, drains and siding).

- Option 2: Convert the 20 x 60 building in the back of Truman to office space, add a covered or enclosed walkway, fix Truman roof and drainage issues, repair siding on the building.
 - Option 3: New construction at the current site and tear down the existing post construction.
 - Option 4: New location to be determined.
- Mike will provide the Board general information and cost estimates regarding some of these options at the April 2019 Board meeting.

Agenda Item: 2 nd Quarter FY 2019 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date March 28, 2019
Background Information: <p>The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 2nd Quarter of FY 2019 are included in this Board packet.</p>	
Supporting Documentation: 2 nd Quarter FY 2019 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

2nd Quarter, FY 2019

Corporate Compliance Activities

A. Key Statistics:

Two investigations and one review were completed in the 2nd Quarter.

1. The two investigations resulted in staff terminations.
2. One of the investigations resulted in \$100.08 in payback and the other resulted in the amount of \$1,627.89.

B. Committee Activities:

The Corporate Compliance Committee met on January 31, 2019. The committee reviewed the following items:

1. A final summary of the 1st Quarter investigations
2. 2nd Quarter updates
3. Legal updates on compliance issues
4. Trending items and
5. HIPAA review

Quality Management Initiatives

A. Key Statistics:

1. Staff participated in the Superior Foster Care quarterly on-site audit on February 18, 2019 resulting in an overall score of 92.53%.
2. Staff reviewed and submitted four record requests, totaling 18 charts.

B. Reviews/Audits:

1. Staff prepared and submitted four charts going back three months for the Superior Foster Care quarterly on-site audit. The review resulted in an overall score 92.53% with their primary feedback focusing recovery plans.
2. Staff reviewed and submitted five charts to a private insurance company for services they were billed dating back to January 2018.
3. Staff reviewed and submitted 11 charts to HHSC-TMHP for services they were billed dating back as far as January 3, 2017.
4. Staff reviewed and submitted one chart to United Healthcare for services they were billed dating back to January 2017.
5. Staff reviewed and submitted one chart to Molina Healthcare for services they were billed dating back to January 2017.

C. Other Quality Management Activities:

1. Staff reviewed 17 surveys from individuals who were hospitalized in our State Hospital Diversion beds via contract facilities. The majority of the feedback was generally positive.

2. Staff reviewed 282 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated an improvement in appropriate use of the code.
3. Staff continued to conduct telemedicine surveys with the majority of responses remaining positive.
4. Five Appeals regarding client termination of services were received in Q2. Of these, one is pending, one required follow up to include a second opinion on a diagnosis, and none were reversed.

Agenda Item: 3 rd Quarter FY 2019 Corporate Compliance Training Committee: Program	Board Meeting Date March 28, 2019
Background Information: As part of the Center's Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors. This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
Supporting Documentation: 3 rd Quarter FY 2019 Corporate Compliance Training	
Recommended Action: For Information Only	

In This Issue:

Part 2 In Our Series on
Quality Documentation

A good test to evaluate whether the documentation is well written is to answer the question: *If another provider had to step in and take care of this client, does the record provide sufficient information for seamless delivery of safe and competent care?*

Corporate Compliance Team

Amy Foerster

Chief Compliance Officer

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Heather Hensley

Administrator of Compliance

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Administrator of Compliance

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Quality Documentation

6 Essential Elements of Quality Documentation

Documentation should accurately reflect the needs of the client, the treatments and interventions provided, and the client's outcomes. Anyone reading the record should be able to determine:

①

What care/service was provided

Providers should be clear and concise in their description of the care provided. Each client contact, including the mode of contact, should be documented accordingly.

②

Who received the care

Providers should ensure every page of the record has the requisite client identifier(s).

③

Who provided the care or service

Anyone reading the documentation should be able to clearly identify the provider who performed the assessment, service.

④

When the care of service was provided

Timely documentation is important in order to keep members of the interdisciplinary team informed about changes in a client's status.

Regardless of the clinical setting, documentation should never be done in advance of providing care. Memories fade with time—the longer the delay between the event and the recording, the more likely the possibility of incomplete information and errors.

⑤

Why the care or service was provided

Documentation should explain why the provider did what they did given the clinical circumstances.

⑥

The client's response and outcomes to the care or service provided

To ensure documentation effectively tells the client's story, you should always document the client's response and outcomes to the intervention or care provided.

REPORT Compliance Concerns

Corporate Hotline: 866-243-9252

◆ Reports are kept confidential and may be made anonymously.



◆ Without fear of reprisal or penalties.

◆ Report to your supervisor, HR, or any Compliance team member if you suspect any non-compliance.

Staff Acknowledgement: _____

Print

Signature

Date

Agenda Item: Personnel Report for February 2019 Committee: Executive	Board Meeting Date: March 28, 2019
Background Information: None	
Supporting Documentation: Personnel Report February 2019	
Recommended Action: For Information Only	

Personnel Report February 2019

Total Applications received in February= 263

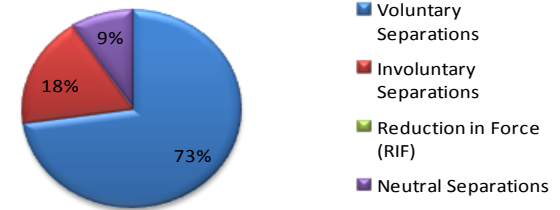
Total New Hires for the month of February= 9

Total New Hires Year to Date = 66

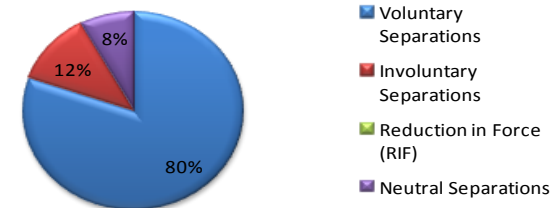
February Turnover - FY19 compared to FY18	FY19	FY18
Number of Active Employees	357	344
Number of Monthly Separations	11	10
Number of Separations YTD	51	45
Year to Date Turnover Rate	14%	13%
February Turnover Rate	3%	3%

Separations by Reason	February Separations	FY19 YTD
Retired	0	0
Involuntarily Terminated	2	7
Neutral Termination	1	4
Dissatisfied	0	0
Lack of Support from Administration	0	1
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	1	1
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	1	2
RIF	0	0
Deceased	0	0
Pay	0	0
Health	0	0
Family	0	1
Relocation	0	2
School	1	4
Personal	2	4
Unknown	0	4
New Job	3	21
Total Separations	11	51

February Voluntary, Involuntary, RIF and Neutral Separations



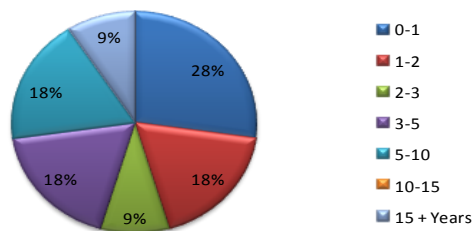
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



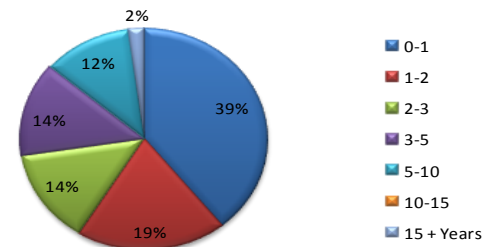
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% February	% Year to Date
Evan Roberson	21	1	6	5%	29%
Millie McDuffey	38	0	1	0%	3%
Amy Foerster	5	0	0	0%	0%
Tanya Bryant	12	0	0	0%	0%
MH Adult	88	4	14	5%	16%
MH Child & Youth	61	3	16	5%	26%
Catherine Prestigiovanni	0	0	1	0%	50%
PETC	58	0	3	0%	5%
Kelly Shropshire	36	1	4	3%	11%
Kathy Foster	30	2	5	7%	17%
Kenneth Barfield	8	0	1	0%	13%
Total	357	11	51		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% February	% Year to Date
Supervisors & Managers	25	0	3	0%	12%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	48	3	8	6%	17%
Professionals (QMHP)	103	5	22	5%	21%
Professionals (QIDP)	30	1	4	3%	13%
Licensed Staff (LCDC, LPC...)	20	0	3	0%	15%
Business Services (Accounting)	15	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	21	0	1	0%	5%
Program Support(Financial Counselors, QA, Training, Med. Records)	45	0	4	0%	9%
Nurse Technicians/Aides	17	0	1	0%	6%
Service/Maintenance	9	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	24	2	5	8%	21%
Total	357	11	51		

February Separations by Tenure

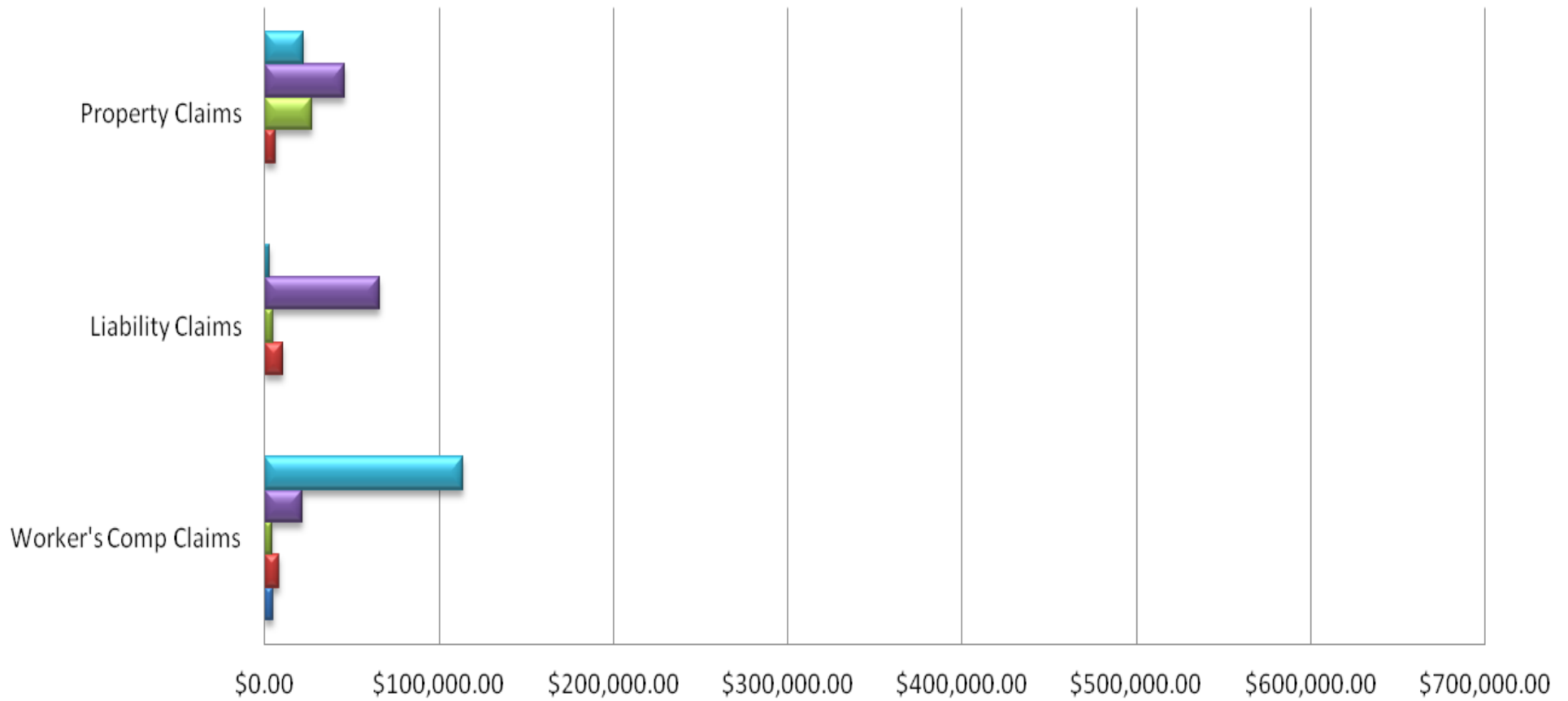


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of February 2019 Committee: Executive	Board Meeting Date: March 28, 2019
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of February 2019	
Recommended Action: For Information Only	

TCRMF Claims Summary February 2019



	Worker's Comp Claims	Liability Claims	Property Claims
2015	\$113,917.00	\$2,556.00	\$22,505.00
2016	\$21,902.00	\$65,795.00	\$46,114.00
2017	\$4,517.00	\$4,893.00	\$27,455.00
2018	\$8,191.00	\$10,819.00	\$6,126.00
2019	\$4,888.00	\$0.00	\$0.00

Agenda Item: Approve February 2019 Financial Statements Committee: Business	Board Meeting Date March 28, 2019
Background Information: None	
Supporting Documentation: February 2019 Financial Statements	
Recommended Action: Approve February 2019 Financial Statements	

February 2019 Financial Summary

Revenues for February 2019 were \$2,606,093 and operating expenses were \$2,425,223; resulting in a gain in operations of \$180,869. Capital Expenditures and Extraordinary Expenses for February were \$93,759; resulting in a gain of \$87,110. Total revenues were 101.50% of the monthly budgeted revenues and total expenses were 98.95% of the monthly budgeted expenses.

Year to date revenues are \$15,510,540 and operating expenses are \$14,609,825; leaving excess operating revenues of \$900,715. YTD Capital Expenditures and Extraordinary Expenses are \$655,220; resulting in a gain YTD of \$245,494. Total revenues are 99.75% of the YTD budgeted revenues and total expenses are 98.86% of the YTD budgeted expenses.

REVENUES

YTD Revenue items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Case Management MH - Title XIX	308,803	334,533	92.31%	25,730
HCS Program – Title XIX	897,273	929,306	96.55%	32,033
Rehab – Title XIX	972,271	1,191,481	81.60%	219,210

Case Management MH Title XIX – This line item is still under budget due to staff vacancies primarily in the children's programs. We continue to recruit for the vacant positions and once the positions are filled, we should see a turnaround in this trend.

HCS Program – Title XIX – This line item is below budget due to a combination of a vacancy in our new Supervised Living home and the loss of an individual's Medicaid in October. The vacancy was filled in the middle of January. As we have indicated in prior monthly narratives, we are working with the individual's family to get the Medicaid reinstated and hopefully will get a portion of the retroactive payment in the future.

Rehab – Title XIX – This line item continues to be below budget. This variance is attributed to the many vacancies in Rehab Specialist positions in both the adult and children's programs. We will be analyzing this line for the budget revision and making an adjustment based on year to date trends.

EXPENSES

YTD Individual line expense items that exceed the YTD budget by more than \$10,000:

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Rent	40,868	30,624	133%	10,244
Building Repairs and Maint	98,462	75,000	131%	23,462
Contract – Clinical	421,243	371,981	113%	49,262
Employee Recruitment	37,650	3,998	942%	33,652

Building Rent – This line item is over budget due to a refund of a rental deposit that was held on the ICF/IDD rental homes that dates back to the mid 1990's. As you are aware, we sold the ICF/IDD licenses and homes at the end of 2017. We still have some cleanup items that will continue to come through our books until HHSC completes the final audit. Once the audit is complete, the vendor hold will be released and we can make the final payment to Educare for their last month of services.

Building Repairs and Maint – This line item is under budget due to testing that has been conducted at the Conroe facility. We will be adjusting this line in the mid-year budget revision to reflect these costs as well as the future expected costs for this location.

Contract – Clinical – This line item reflects a decrease as compared to the original budgeted amount. This variance is mainly due to the Autism contract that started after the beginning of the fiscal year. We have additional revenue that pays for these expenses. This is also one of the items that will be added to the mid-year budget revision.

Employee Recruitment – This line item is over budget due to the recruitment of a Staff Psychiatrist that will be starting sometime around the end of the fiscal year. We are contracting with a recruiting service to help us find doctors wanting to work in our area and we were very fortunate to find a great candidate.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 28, 2019

	TOTALS COMBINED FUNDS February 2019	TOTALS COMBINED FUNDS January 2019	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,640	3,600	40
Cash on Deposit-General Fund	9,702,285	7,935,805	1,766,480
Cash on Deposit-Debt Fund	-	-	-
Accounts Receivable	2,022,586	2,123,856	(101,270)
Inventory	3,820	3,952	(132)
TOTAL CURRENT ASSETS	11,732,330	10,067,212	1,665,118
FIXED ASSETS	20,867,904	20,867,904	-
OTHER ASSETS	100,958	77,331	23,627
TOTAL ASSETS	\$ 32,701,193	\$ 31,012,448	\$ 1,688,746
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,168,729	1,175,242	(6,512)
NOTES PAYABLE	618,198	618,198	-
DEFERRED REVENUE	1,875,145	273,166	1,601,980
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	572,917	595,833	(22,917)
First Financial Construction Loan	11,909,094	11,946,879	(37,785)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	245,494	158,384	87,110
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,482,011)	(12,542,712)	60,702
Reserved for Debt Retirement	-	-	-
COMMITTED			
Net Assets-Property and Equipment	20,867,904	20,867,904	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	36,998	30,831	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(618,198)	(618,198)	-
UNASSIGNED			
Unrestricted and Undesignated	2,951,724	2,951,724	-
TOTAL LIABILITIES/FUND BALANCE	\$ 32,701,193	\$ 31,012,448	\$ 1,688,744

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 28, 2019**

	General Operating Funds	Memorandum Only Final August 2018
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,640	3,640
Cash on Deposit-General Fund	9,702,285	7,237,278
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,022,586	2,007,331
Inventory	3,820	4,262
TOTAL CURRENT ASSETS	11,732,330	9,252,511
FIXED ASSETS	20,867,904	20,867,904
OTHER ASSETS	100,958	132,369
	\$ 32,701,193	\$ 30,252,783
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,168,729	1,059,013
NOTES PAYABLE	618,198	618,198
DEFERRED REVENUE	1,875,145	(181,055)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	572,917	710,417
First Financial Construction Loan	11,909,094	12,136,358
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	245,494	(479,439)
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(12,482,011)	(12,846,774)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	20,867,904	20,867,904
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	36,998	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(618,198)	(618,198)
UNASSIGNED		
Unrestricted and Undesignated	2,951,724	3,431,163
TOTAL LIABILITIES/FUND BALANCE	\$ 32,701,193	\$ 30,252,783

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended February 2019
and Year To Date as of February 2019

INCOME:	MONTH OF February 2019	YTD February 2019
Local Revenue Sources	137,413	722,694
Earned Income	1,130,940	6,430,454
General Revenue-Contract	1,337,739	8,357,392
TOTAL INCOME	\$ 2,606,093	\$ 15,510,540
EXPENSES:		
Salaries	1,510,042	8,813,329
Employee Benefits	308,605	1,729,696
Medication Expense	53,905	316,494
Travel-Board/Staff	42,348	221,458
Building Rent/Maintenance	20,887	147,004
Consultants/Contracts	309,862	2,157,360
Other Operating Expenses	179,574	1,224,484
TOTAL EXPENSES	\$ 2,425,223	\$ 14,609,825
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 180,869	\$ 900,715
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	21	92,207
Capital Outlay-Debt Service	93,738	563,014
TOTAL CAPITAL EXPENDITURES	\$ 93,759	\$ 655,220
GRAND TOTAL EXPENDITURES	\$ 2,518,983	\$ 15,265,045
Excess (Deficiency) of Revenues and Expenses	\$ 87,110	\$ 245,494

Debt Service and Fixed Asset Fund:

Debt Service	93,738	563,014
Excess(Deficiency) of revenues over Expenses	93,738	563,014

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of February 2019

	YTD February 2019	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	722,694	624,988	97,706
Earned Income	6,430,454	6,642,689	(212,235)
General Revenue-Contract	8,357,392	8,281,194	76,198
TOTAL INCOME	\$ 15,510,540	\$ 15,548,871	\$ (38,331)
EXPENSES:			
Salaries	8,813,329	8,815,518	(2,189)
Employee Benefits	1,729,696	1,780,929	(51,233)
Medication Expense	316,494	337,254	(20,760)
Travel-Board/Staff	221,458	220,044	1,414
Building Rent/Maintenance	147,004	112,486	34,518
Consultants/Contracts	2,157,360	2,174,150	(16,790)
Other Operating Expenses	1,224,484	1,280,246	(55,762)
TOTAL EXPENSES	\$ 14,609,825	\$ 14,720,627	\$ (110,802)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 900,715	\$ 828,244	\$ 72,471
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	92,207	160,089	(67,882)
Capital Outlay-Debt Service	563,014	560,298	2,716
TOTAL CAPITAL EXPENDITURES	\$ 655,220	\$ 720,387	\$ (65,167)
GRAND TOTAL EXPENDITURES	\$ 15,265,045	\$ 15,441,014	\$ (175,969)
Excess (Deficiency) of Revenues and Expenses	\$ 245,494	\$ 107,857	\$ 137,637

Debt Service and Fixed Asset Fund:

Debt Service	563,014	560,298	2,716
Excess(Deficiency) of revenues over Expenses	563,014	560,298	2,716

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended February 2019

INCOME:	MONTH OF February 2019	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	137,413	98,531	38,882
Earned Income	1,130,940	1,123,789	7,151
General Revenue-Contract	1,337,739	1,345,253	(7,514)
TOTAL INCOME	\$ 2,606,093	\$ 2,567,573	\$ 38,520
EXPENSES:			
Salaries	1,510,042	1,491,107	18,935
Employee Benefits	308,605	306,678	1,927
Medication Expense	53,905	56,543	(2,638)
Travel-Board/Staff	42,348	36,088	6,260
Building Rent/Maintenance	20,887	18,747	2,140
Consultants/Contracts	309,862	313,537	(3,675)
Other Operating Expenses	179,574	208,781	(29,207)
TOTAL EXPENSES	\$ 2,425,223	\$ 2,431,481	\$ (6,258)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 180,869	\$ 136,092	\$ 44,777
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	21	20,917	(20,896)
Capital Outlay-Debt Service	93,738	93,383	355
TOTAL CAPITAL EXPENDITURES	\$ 93,759	\$ 114,300	\$ (20,541)
GRAND TOTAL EXPENDITURES	\$ 2,518,983	\$ 2,545,781	\$ (26,798)
Excess (Deficiency) of Revenues and Expenses	\$ 87,110	\$ 21,792	\$ 65,318

Debt Service and Fixed Asset Fund:

Debt Service	93,738	93,383	355
Excess(Deficiency) of revenues over Expenses	93,738	93,383	355

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2018 Comparative Data
Year to Date as of February 2019

INCOME:	YTD February 2019	YTD February 2018	Increase (Decrease)
Local Revenue Sources	722,694	628,825	93,869
Earned Income	6,430,454	6,012,155	418,299
General Revenue-Contract	8,357,392	7,876,617	480,775
TOTAL INCOME	\$ 15,510,540	\$ 14,517,597	\$ 992,943
EXPENSES:			
Salaries	8,813,329	8,399,184	414,145
Employee Benefits	1,729,696	1,635,986	93,710
Medication Expense	316,494	355,271	(38,777)
Travel-Board/Staff	221,458	207,372	14,086
Building Rent/Maintenance	147,004	184,975	(37,971)
Consultants/Contracts	2,157,360	1,890,493	266,867
Other Operating Expenses	1,224,484	1,162,763	61,721
TOTAL EXPENSES	\$ 14,609,825	\$ 13,836,044	\$ 773,781
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 900,715	\$ 681,553	\$ 219,162
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	92,207	98,169	(5,962)
Capital Outlay-Debt Service	563,014	380,802	182,212
TOTAL CAPITAL EXPENDITURES	\$ 655,220	\$ 478,971	\$ 176,249
GRAND TOTAL EXPENDITURES	\$ 15,265,045	\$ 14,315,015	\$ 950,030
Excess (Deficiency) of Revenues and Expenses	\$ 245,494	\$ 202,583	\$ 42,912

Debt Service and Fixed Asset Fund:

Debt Service	563,014	380,802	182,212
Excess(Deficiency) of revenues over Expenses	563,014	380,802	182,212

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2018 Comparative Data
For the Month Ended February 2019

INCOME:	MONTH OF February 2019	MONTH OF February 2018	Increase (Decrease)
Local Revenue Sources	137,413	111,714	25,699
Earned Income	1,130,940	1,074,948	55,992
General Revenue-Contract	1,337,739	1,295,924	41,815
TOTAL INCOME	\$ 2,606,093	\$ 2,482,586	\$ 123,507

Salaries	1,510,042	1,447,312	62,730
Employee Benefits	308,605	279,936	28,669
Medication Expense	53,905	57,486	(3,581)
Travel-Board/Staff	42,348	32,801	9,547
Building Rent/Maintenance	20,887	34,007	(13,120)
Consultants/Contracts	309,862	273,755	36,107
Other Operating Expenses	179,574	199,006	(19,432)
TOTAL EXPENSES	\$ 2,425,223	\$ 2,324,303	\$ 100,920

Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 180,869	\$ 158,283	\$ 22,586
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CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	21	58,317	(58,296)
Capital Outlay-Debt Service	93,738	94,260	(522)
TOTAL CAPITAL EXPENDITURES	\$ 93,759	\$ 152,577	\$ (58,818)

GRAND TOTAL EXPENDITURES	\$ 2,518,983	\$ 2,476,880	\$ 42,103
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Excess (Deficiency) of Revenues and Expenses	\$ 87,110	\$ 5,706	\$ 81,404
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Debt Service and Fixed Asset Fund:

Debt Service	93,738	94,260	(522)
			-
Excess(Deficiency) of revenues over Expenses	93,738	94,260	(522)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2019 Comparative Data
For the Month Ended February 2019

INCOME:	MONTH OF February 2019	MONTH OF January 2019	Increase (Decrease)
Local Revenue Sources	137,413	110,388	27,025
Earned Income	1,130,940	1,118,839	12,101
General Revenue-Contract	1,337,739	1,364,594	(26,855)
TOTAL INCOME	\$ 2,606,093	\$ 2,593,821	\$ 12,272
EXPENSES:			
Salaries	1,510,042	1,493,423	16,619
Employee Benefits	308,605	308,608	(3)
Medication Expense	53,905	62,396	(8,490)
Travel-Board/Staff	42,348	34,778	7,570
Building Rent/Maintenance	20,887	38,064	(17,176)
Consultants/Contracts	309,862	348,576	(38,713)
Other Operating Expenses	179,574	180,078	(504)
TOTAL EXPENSES	\$ 2,425,223	\$ 2,465,922	\$ (40,699)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 180,869	\$ 127,899	\$ 52,970
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	21	-	21
Capital Outlay-Debt Service	93,738	93,784	(46)
TOTAL CAPITAL EXPENDITURES	\$ 93,759	\$ 93,784	\$ (25)
GRAND TOTAL EXPENDITURES	\$ 2,518,983	\$ 2,559,706	\$ (40,723)
Excess (Deficiency) of Revenues and Expenses	\$ 87,110	\$ 34,115	\$ 52,995

Debt Service and Fixed Asset Fund:

Debt Service	93,738	93,784	(46)
Excess(Deficiency) of revenues over Expenses	93,738	93,784	(46)

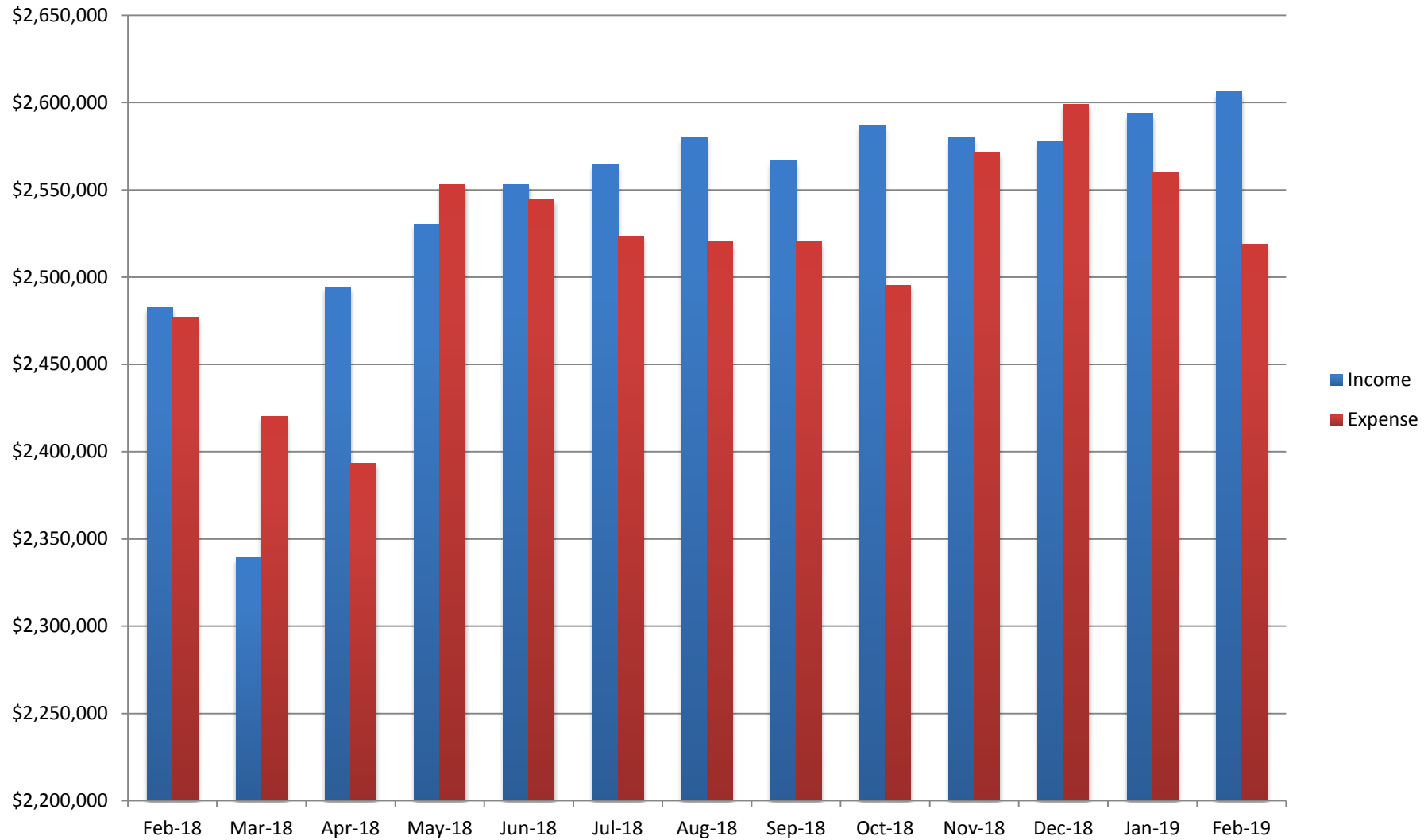
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of February 2019

	YTD Mental Health February 2019	YTD IDD February 2019	YTD Other Services February 2019	YTD Agency Total February 2019	YTD Approved Budget February 2019	Increase (Decrease)
INCOME:						
Local Revenue Sources	728,989	(92,107)	85,812	722,694	624,988	97,706
Earned Income	2,754,986	1,977,379	1,698,090	6,430,454	6,642,689	(212,235)
General Revenue-Contract	6,994,008	981,623	381,761	8,357,392	8,281,194	76,198
TOTAL INCOME	\$ 10,477,983	\$ 2,866,895	\$ 2,165,663	\$ 15,510,540	\$ 15,548,871	\$ (38,331)
EXPENSES:						
Salaries	5,952,504	1,540,152	1,320,673	8,813,329	8,815,518	(2,189)
Employee Benefits	1,142,766	326,226	260,704	1,729,696	1,780,929	(51,233)
Medication Expense	254,611	-	61,883	316,494	337,254	(20,760)
Travel-Board/Staff	124,613	68,007	28,837	221,458	220,044	1,414
Building Rent/Maintenance	117,253	12,954	16,798	147,004	112,486	34,518
Consultants/Contracts	1,512,397	551,190	93,774	2,157,360	2,174,150	(16,790)
Other Operating Expenses	784,266	283,289	156,929	1,224,484	1,280,246	(55,762)
TOTAL EXPENSES	\$ 9,888,410	\$ 2,781,818	\$ 1,939,598	\$ 14,609,825	\$ 14,720,627	\$ (110,802)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 589,573	\$ 85,077	\$ 226,065	\$ 900,715	\$ 828,244	\$ 72,471
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	97,862	(3,144)	(2,511)	92,207	160,089	(67,882)
Capital Outlay-Debt Service	381,886	106,704	74,424	563,014	560,298	2,716
TOTAL CAPITAL EXPENDITURES	\$ 479,748	\$ 103,560	\$ 71,913	\$ 655,221	\$ 720,387	\$ (65,166)
GRAND TOTAL EXPENDITURES	\$ 10,368,158	\$ 2,885,378	\$ 2,011,511	\$ 15,265,046	\$ 15,441,014	\$ (175,968)
Excess (Deficiency) of Revenues and Expenses	\$ 109,825	\$ (18,483)	\$ 154,152	\$ 245,494	\$ 107,857	\$ 137,637
Debt Service and Fixed Asset Fund:						
Debt Service	381,886	106,704	74,424	563,014	560,298	(178,412)
		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	381,886	106,704	74,424	563,014	560,298	(178,412)

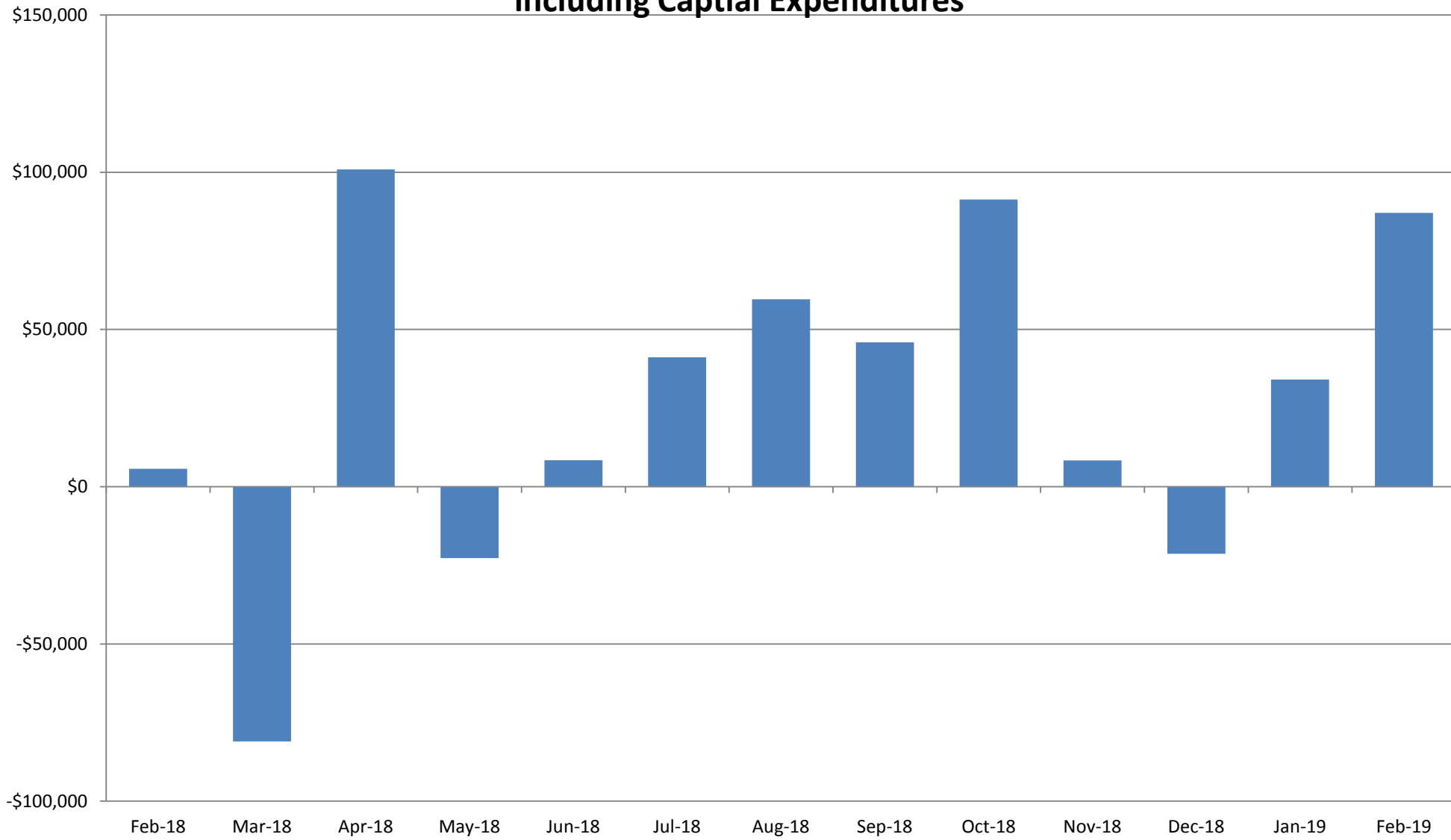
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Decide on Next Steps to Resolve Building Issues at 233 Sgt. Ed Holcomb Blvd., South	Board Meeting Date: March 28, 2019
Committee: Business	
Background Information:	
<p>Several issues at the 233 Sgt. Ed Holcomb Blvd., South location have remained unresolved since before staff moved into the building. In January of 2018, staff provided official notice to Axiom Construction of several outstanding items which still needed to be resolved. This letter was copied to Board Chair Patti Atkins and Jackson Walker attorney Randy Farber.</p>	
<p>None of the items are life and safety issues, but most remain unresolved.</p>	
<p>The Board has requested that Evan Roberson and Mike Duncum provide a status update each month until the issues are resolved.</p>	
<p>Executive Session has been reserved for Board discussion regarding next steps if needed.</p>	
Supporting Documentation:	
<p>None</p>	
Recommended Action:	
Decide on Next Steps to Resolve Outstanding Sgt. Ed Holcomb Facility Issues	

Agenda Item: Independence Oaks Apartments Committee: Business	Board Meeting Date: March 28, 2019
Background Information: Evan Roberson and Tanya Bryant will provide an update to the Board about Independence Oaks in Executive Session.	
Supporting Documentation: None	
Recommended Action: Take action as needed.	

Agenda Item: 2 nd Quarter FY 2019 Quarterly Investment Report Committee: Business	Board Meeting Date March 28, 2019
Background Information: This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

**TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2019
As Of February 28, 2019**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 472.60	\$ 472.60			\$ 945.20
First Financial Bank CD	\$ 3,564.55	\$ 3,536.91			\$ 7,101.46
First Liberty National Bank	\$ 3.17	\$ 3.25			\$ 6.42
JP Morgan Chase (HBS)	\$ 9,584.13	\$ 14,870.36			\$ 24,454.49
Prosperity Bank	\$ 167.17	\$ 177.51			\$ 344.68
Prosperity Bank CD (formerly Tradition)	\$ 3,807.62	\$ 3,877.63			\$ 7,685.25
TexPool Participants	\$ 328.92	\$ 364.53			\$ 693.45
Total Earned	\$ 17,928.16	\$ 23,302.79	\$ -	\$ -	\$ 41,230.95

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending February 28, 2019

GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. ("Federated"). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

- Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

- Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

- No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

- 100% of the portfolio may be invested in obligations of the United States.

- 100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

- Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

- No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	December	January	February
Uninvested Balance	\$1,110,994.83	\$51,389,369.46	(\$1,342,551.79)
Accrual of Interest Income	\$17,621,089.26	\$18,976,936.94	\$22,017,617.53
Interest and Management Fees Payable	(\$34,346,747.22)	(\$43,088,571.13)	(\$44,376,636.76)
Payable for Investments Purchased	\$0.00	(\$1,292,605,160.60)	(\$780,120,455.54)
Accrued Expense & Taxes	(\$21,422.15)	(\$27,883.78)	(\$28,250.87)
Repurchase Agreements	\$7,320,515,500.00	\$8,824,296,000.00	\$9,054,345,000.00
Mutual Fund Investments	\$769,227,103.88	\$1,411,329,000.00	\$788,218,000.00
Government Securities	\$8,323,536,674.91	\$11,252,694,970.84	\$10,100,382,997.18
U.S. Treasury Bills	\$2,436,404,286.73	\$1,897,858,889.82	\$2,788,406,004.65
U.S. Treasury Notes	\$135,763,170.59	\$519,423,643.02	\$1,138,339,900.77
TOTAL	\$19,424,541,600.63	\$23,254,337,616.32	\$23,859,742,505.98

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$946,400.84)	(\$1,342,551.79)
Accrual of Interest Income	\$10,705,293.28	\$22,017,617.53
Interest and Management Fees Payable	(\$29,745,031.43)	(\$44,376,636.76)
Payable for Investments Purchased	(\$63,998,260.00)	(\$780,120,455.54)
Accrued Expenses & Taxes	(\$19,380.61)	(\$28,250.87)
Repurchase Agreements	\$5,330,064,000.00	\$9,054,345,000.00
Mutual Fund Investments	\$600,175,103.88	\$788,218,000.00
Government Securities	\$7,766,951,660.32	\$10,101,277,892.91
U.S. Treasury Bills	\$2,322,018,329.66	\$2,788,542,111.06
U.S. Treasury Notes	\$135,633,368.68	\$1,138,461,665.42
TOTAL	\$16,233,825,019.66	\$23,860,989,392.51

Portfolio by Maturity as of February 28, 2019

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
59.6%	33.8%	4.3%	2.3%

Portfolio by Type of Investments as of February 28, 2019

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
41.0%	36.7%	19.1%	3.2%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 2.29% for December, 2.39% for January and 2.40% for February.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of February 28, 2019 was 26 days.

The net asset value as of February 28, 2019 was 0.99995.

The total amount of interest distributed to participants during the period was \$121,805,886.79.

This quarter, TexPool rates did not exceed the 90 Day T-Bill rates toward the end of the reporting period.

TexPool has a current money market fund rating of AAAm by Standard and Poor's.

During the reporting period, the total number of participants has increased to 2,531.

Funds assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

Sheryl Baldwin
Manager of Accounting / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Evan Roberson
Executive Director / Investment Officer

Date

Agenda Item: Board of Trustees Unit Financial Statement as of February 2019 Committee: Business	Board Meeting Date March 28, 2019
Background Information: None	
Supporting Documentation: February 2019 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2019

	February 2019 Actuals	February 2019 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,348.00	\$ 2,348.00	\$ -	\$ 14,087.00	\$ 14,087.00	\$ -	100.00%	\$ 28,175.00
Total Revenue	\$ 2,348.00	\$ 2,348.00	\$ -	\$ 14,087.00	\$ 14,087.00	\$ -	100.00%	\$ 28,175.00
Expenses								
Employee Recognition	\$ -	\$ -	\$ -	\$ 90.25	\$ -	\$ 90.25	0.00%	\$ -
Insurance-Worker Compensation	\$ 8.79	\$ 17.00	\$ (8.21)	\$ 43.95	\$ 98.00	\$ (54.05)	44.85%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 9,000.00	\$ 9,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 15.00	\$ (15.00)	\$ -	\$ 85.00	\$ (85.00)	0.00%	\$ 175.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ 825.00	\$ 1,800.00	\$ (975.00)	45.83%	\$ 3,600.00
Travel - Local	\$ -	\$ 42.00	\$ (42.00)	\$ -	\$ 248.00	\$ (248.00)	0.00%	\$ 500.00
Travel - Non-local Mileage/Air	\$ 922.60	\$ 125.00	\$ 797.60	\$ 1,085.10	\$ 750.00	\$ 335.10	144.68%	\$ 1,500.00
Travel - Non-local Hotel	\$ -	\$ 250.00	\$ (250.00)	\$ -	\$ 1,500.00	\$ (1,500.00)	0.00%	\$ 3,000.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 2.21	\$ 600.00	\$ (597.79)	0.37%	\$ 1,200.00
Total Expenses	\$ 2,431.39	\$ 2,349.00	\$ 82.39	\$ 11,046.51	\$ 14,081.00	\$ (3,034.49)	78.45%	\$ 28,175.00
Total Revenue minus Expenses	\$ (83.39)	\$ (1.00)	\$ (82.39)	\$ 3,040.49	\$ 6.00	\$ 3,034.49	21.55%	\$ -

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date March 28, 2019
Background Information: As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
Supporting Documentation: Second Quarter FY 2019 HUD 811 Report	
Recommended Action: For Information Only	

2nd Quarter FY 2019 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI) will hold their Annual meeting on March 22, 2019, where they will review project updates, FY18 Audit & 990, and financial status. The property is at 93% capacity with three approved applications and several pending. As you may recall, one unit is pending repairs prior to being filled.

Staff have made several visits to the property since the last update; additional information will be provided in executive session. The property manager reports that participation in community activities remains strong.

As of January 31, 2019, the Payable to Tri-County is \$31,707 following a payment of \$5,000 in December 2018.

The CSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

The Montgomery Supported Housing, Inc. Board (MSHI) will hold their Annual meeting on March 26, 2019, where they will review project updates, FY18 Audit & 990, and financial status. The property is at 100% capacity with four approved individuals on the waiting list. The majority of residents are doing well with one resident giving 30 day notice to vacate as she plans to move in with her daughter due to ongoing health issues.

The property received a basketball goal from one of the board members this past Christmas and management reports that the adult residents are just as excited about it as the children.

Maintenance issues on the property were minor during this timeframe and included a thermostat replacement in the community room and replacement of a Master Key Switch that the fire department uses to access the property.

As of January 31, 2019, the payable to Tri-County is \$27,443.86 and the property operated with a net profit of \$1,027.07 for the month which was \$865.07 better than budgeted.

The MSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

The Independence Communities, Inc. Board (ICI) will hold their Annual meeting on March 26, 2019, where they will review project updates, the FY18 Audit, 990, and

financial status. The property is at 100% capacity with three approved applicants on the waiting list. The property manager reports almost all residents are participating in regular activities and noted that there have been no significant maintenance issues on the property during this timeframe. The semi-annual preventative maintenance was performed on the HVAC systems in January which helps with improved function and fewer maintenance calls throughout the year.

As of January 31, 2019, the property operated with a net profit of \$2,858.34 for the month which was \$2,411.11 better than budgeted.

The ICI Board currently has six members.

Tri-County Staff met with Jenet Genwright, the property manager/regional supervisor over all three properties, on February 12, 2019 and discussed residents and maintenance issues on all three properties. Jenet reported that the majority of residents are doing well at both IPA and IVA and shared that both properties are holding up well with minimal maintenance issues at this time.

UPCOMING MEETINGS

April 25, 2019 – Board Meeting

- Approve Minutes from March 28, 2019 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2019
- Program Updates
- Program Presentation – Annual Board and Management Team Training
- Medicaid 1115 Transformation Waiver Project Status Report
- Personnel Report for March 2019
- Texas Council Risk Management Fund Claims Summary as of March 2019
- Approve Financial Statements for March 2019
- FY 2019 Budget Revision
- Board of Trustees Unit Financial Statement as of March 2019
- Texas Council Quarterly Board Meeting Update

May 30, 2019 – Board Meeting

- Approve Minutes from April 25, 2019 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2019
- Program Updates
- Program Presentation – Longevity Recognitions
- Personnel Report for April 2019
- Texas Council Risk Management Fund Claims Summary as of April 2019
- Approve Financial Statements for April 2019
- Board of Trustees Unit Financial Statement as of April 2019

Tri-County Acronyms - Updated 1/9/19	
1115	Medicaid 1115 Transformation Waiver
ACT	Assertive Community Treatment
APS	Adult Protective Services
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APRN	Advanced Practice Registered Nurse
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BJA	Bureau of Justice Administration
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Method
CANS	Child and Adolescent Needs and Strengths
CARE	Client Assignment Registration & Enrollment
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CFRT	Child Fidelity Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CMH	Child Mental Health
COPSD	Co-Occurring Psychiatric and Substance Abuse Disorders
CPS	Child Protective Service
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Service
DFPS	Department of Family and Protective Services
DOB	Date of Birth
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
Dx	Diagnosis
ETBHN	East Texas Behavioral Healthcare Network
FLSA	Fair Labor Standards Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community based Services - Adult Mental Health
HCS	Home and Community based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitative Plan
IMR	Illness Management and Recovery
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County

LMHA	Local Mental Health Authority
LMSW	Licensed Masters Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance for the Mentally Ill
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not guilty for Reason of Insanity
OCR	Outpatient Competency Restoration
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PNAC	Planning Network Advisory Committee
PRN	Practice Registered Nurse
PRS	Psychosocial Rehab Specialist
PQI	Partnership for Quality Improvement
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RN	Registered Nurse
RPNAC	Regional Planning & Network Advisory Committee
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TCBHC	Tri-County Behavioral Healthcare
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correction Office on Offenders with Medical & Mental Impairments
TCO	Treatment Co-Occurring Mental Health and Substance Abuse Services
TCRMF	Texas Council Risk Management Fund
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHML	Texas Home Living

TRY	Treatment Youth Services (Substance Abuse)
UM	Utilization Management
UW	United Way
WCHD	Walker County Hospital District
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services